THE

HOMŒOPATHIC TIMES.

A MONTHLY JOURNAL

Of Medicine, Surgery, and the Collateral Sciences.

Vol. VI. NEW YORK, JUNE, 1878. No. 3.

Original Articles.

SEWER GAS AND HOW TO PROTECT OUR DWELLINGS.*

BY A. VARONA, M. D.

LECTURE I.—PART III.

SEWERS.

Our next duty is to consider under what conditions sewer gases are generated. We have said that the prompt removal of animal refuse from human contact was a matter of absolute necessity, and that sewers were constructed for that purpose. This is no new idea, for it seems that many of the nations of antiquity were as well informed upon the subject of their construction as we are. The ancient cities of Alexandria, Carthage, Herculaneum, Ninevah, Jerusalem, Rome, and many others of historic fame, possessed systems of sewerage and water supply, the completeness of which far exceeded the most elaborate structures of modern times. Their aqueducts still bear witness to their engineering skill, and the vast and gloomy Cloaca, constructed twenty-five centuries ago, still performs for the capital of United Italy the same service that it rendered to ancient Rome.

Following that period of scientific culture came the long, dark interval of centuries, when the nations seemed to have lapsed into ignorance of, or rather indifference to, the requirements of sanitary laws, and the cities of Western Europe paid no heed to precautionary measures for the preservation of the public health, until the "black death" and the "plague" gave them fearful warning of the consequences of neglect.

Within the present century renewed attention has been bestowed upon this vital question, and during the last twenty-five years it has made great progress, though no unanimity of opinion has as yet been arrived at. It will be well, however, for our purpose to localize our discussion, and refer to the subject simply as we have it in this city.

A perfect system of sewers is one which, as you liberate the refuse water, carries it without one instant's interruption from your basin to the river, to the pumping station, to the irrigation field, or to whatever terminus the system may have, at the rate of from 150 to 270 feet per minute. Whatever system fails to do this, ceases to be a sewer, and converts itself into more or less of a receptacle of decomposition and foul gases.

That sewers may fulfill their end, their size must be proportionate to the area they have to serve, their inclination and shape that best suited to favor the required velocity. The material of which they are constructed must be hard, that they may have the required resistance; impervious, that there may be no soakage; smooth on their internal surface, that there may be the least friction. They must be constructed in straight lines, with water-tight joints, gentle curves when necessary, on immovable foundations, at sufficient depth from the surface to insure proper connections with the house-drains, and a convenient level at the outlet. They must be provided with means of inspection, they must be well ventilated, they must be kept clean and in good repair.

Let us take a glance at our sewers and see whether they fulfill the above requirements, and if not, where they fail to do so.

Previous to 1857 there was no house drainage proper in Brooklyn. There did exist about five

* This being one of a series of LECTURES ON SANITARY SCIENCE which are to be published in book-form, *all rights are reserved.*—[EDS.

and a half miles of storm sewers, for the purpose of relieving certain depressed portions of the city of the accumulations of water which must have found place there during heavy rains. The larger ones were located as follows:

Raymond street, between Park and DeKalb avenues.

Navy street, between Prospect and Tillary streets.

Fulton street, Clinton to East River.

Warren street, Court to East River.

Hamilton avenue, Rapelyea to East River.

Tillary street, Raymond to Bridge street.

Union street, Hamilton to Columbia.

Smith street, Warren to Atlantic.

Navy street, DeKalb to Flatbush avenue.

Across the Navy Yard and City Park to Raymond street.

These were all large enough to admit a man, that their accumulations might be cleaned out by hand when they became objectionable.

It was at that time that the present system of sewerage was organized by Messrs. James P. Kirkwood and Julius W. Adams. Since then nearly three hundred miles of sewers varying from 12 to 120 inches diameter have been constructed, and about two hundred more are contemplated.

The city covers an area of about nineteen square miles, and contains four natural drainage valleys, which have necessitated the division of its system into four distinct sections.

The northern division, which comprises four thousand three hundred and fifty acres, empties its sewage into Newtown Creek and the East River, north of Wallabout Bay.

The eastern division covers an area of about three thousand nine hundred and twenty-two acres, and has its sewer outlets into Wallabout Bay.

The southern division comprises two thousand acres, and empties its sewage into Gowanus Creek and Bay.

The western division covers about one thousand two hundred and thirty acres, and has its sewer outlets into the East River, between Wallabout Bay and Red Hook.

SIZE OF SEWERS.

It has been amply demonstrated from the results gained by experience in the management and workings of sewers, that by so proportioning the size, form and inclination of a sewer to the volume of sewage it has to convey, it may be made self-cleansing. This has done away with the necessity of making them large enough for a man to pass through them, and the conditions which govern their size at any one point are simply the amount of sewerage proper passing at that point, and the amount of probable rain governing that locality.

When the Brooklyn sewers were planned and commenced, the appointed engineers had to depend entirely upon foreign experiments and foreign experience (mainly English,) for any data in regard to the amount of sewage per dwelling-house, or per city acre, to be provided for, as well as for the amount of rain-water reaching a sewer within a given time; and it is not to be wondered at that the application of these data, though successful in the main, have shown themselves to be defective in certain particulars, which will be mentioned.

Experiments made in London showed the sewage proper there to be about five cubic feet per head per diem in the poor districts, and eight cubic feet per head per diem in the healthy ones; and that was the basis upon which our sewers were constructed, regardless of the fact that in Brooklyn the amount of water consumed per capita is double that consumed in London.

In Mr. Fanning's "Treatise on Water Supply Engineering," he gives the average daily supply to London as twenty-nine gallons per capita, and to Brooklyn as fifty-eight gallons per capita for 1874, and it is a notorious fact that the demand with us increases from day to day, and I should not be surprised if we eventually reached the figures of the ancient cities, which provided for 300 gallons.

It follows that, if the sewage of a city is regulated by its water supply, as it undoubtedly is, the latter being four-fifths of the former, the sewers of Brooklyn should provide for sixteen cubic feet per capita per diem, independent of rain-water.

As far as the latter is concerned, a rain storm of one inch in an hour has been taken as the maximum to be provided for, on the score that this occurs very rarely, and that no more than from one to two-thirds of the rain falling during a heavy storm finds its way into the sewers within the hour.

Whether it be that this estimate is defective,

or that the inclination given to our sewers at certain points is unfavorable, I know not. The fact is that the constant overflows during heavy storms, specially at the junction of Seventh street and Third avenue, Grand avenue and Flushing avenue, Kent avenue and River street, Flatbush avenue and Atlantic avenue, Bond street and Douglass street, North Second street and Ninth street, has led the Department of City Works to urge the construction of overflow sewers at these points.

INCLINATION OF SEWERS.

The object to be accomplished by a given inclination is to secure that degree of velocity in the current that will insure against the deposit of the solid elements. A problem of difficult solution, if we consider the want of uniformity in the quantity of sewage, which varies with the habits of the population in different districts with the hour of the day, one-half being discharged during six hours, and the other half during eighteen; and above all, with the drought or rain-fall of the moment.

The inclination adopted here being intended to insure a velocity of two and a half feet per second, is,

For	12-inch	pipe a grade of	1 in 200.
"	15	" "	1 " 250.
"	18	" "	1 " 300.
"	24	" "	1 " 400.
"	30	" "	1 " 500.
"	36	" "	1 " 600.
"	42	" "	1 " 700.
"	48	" "	1 " 800.

This seems to have answered the purpose in the central portions of the system, but it has had the effect of bringing the outlets at such a level as to cause great trouble from the action of the tides.

The bottom of the outlet of the sewer is generally placed about a foot above low water mark. The rise and fall of the tide average five feet, and at the flood it rises in the sewer, and the sewage either meets still water towards the outlet, or an opposing current during two-thirds of the time. The result of this must of course be a periodical settlement of all the heavier matters in the sewage, which at this early date have already rendered the vicinity of the Bond street sewer outlet, that of the old Knickerbocker sewer, and that of the Union avenue sewer, almost uninhabitable. Sluices, tide-gates, flushing and dredging, which are the remedies proposed, may improve this condition of things for a while, but eventually the whole system of outlets will have to be reconstructed.

SURGICAL TREATISE ON BONE.

BY PROF. C. H. VON TAGEN, M.D.

PART V.

NECROSIS OF BONE.—The term *Necrosis*, is derived from the Greek nekrōois, from (nekrōo) I kill), signifies *mortification, sphacelus, gangrene.* It is complete loss of vitality—*Death*—and when present the residue remaining is simply an osseous, or granular debris. In other words, it means especially that state or condition of bone, or a portion of it, deprived entirely of *life* and *vigor.*

The French were the first to revive the term, and they style it *Necrose.*

The word is unquestionably ancient in its origin, but for a long period of time passed into oblivion or disuse. It was then, and still is, indiscriminately applied. The ancients used it for all forms and varieties of tissues formerly possessing vitality. The term then, as applied to *death of bone* exclusively, is comparatively of recent origin. This particular form or variety of bone malady has been, until recent years, variously termed and described by different authors, and as many different theories have been advanced from the earliest history of surgery, until the study of its *pathological* condition was observed and made known to the medical world, this also is comparatively of recent origin. Researches in this direction developed speedily new facts and new ideas relating to general diseases of the softer tissues, and still later of the osseous structures. *Histology*, also of recent date, has contributed much light on this subject, for it is impossible to recognize the early stages of disease unless we possess a thorough knowledge of what constitutes or is known as *normal* or *healthy tissue.* Herein, then, is embraced the value of *Histology*, for it teaches us the early development of cell formations, which is the first perceptible starting point of all organized bodies. Hence we are enabled to trace the various changes that take place as development proceeds. As soon as the part, previously normal or healthy, becomes invaded by foreign influences, morbid or diseased changes take place, and can be very soon noticed with the aid of the *microscope*, and much earlier than by means of the unaided eye. Equally valuable is this medium that imparts such wonderful knowledge, not only through researches made in

Pathology, but likewise is this the case in the study of *Histology*. It may be readily seen then, how invaluable an aid the latter must, of necessity, be to the former, and *vice versa*. Also how utterly impossible it would be to recognize distinctly, and at an early period in the *pathology* of a disease, unless there pre-existed a thorough knowledge of *Histology*. They stand in relation one to the other as cause and effect, or more homily expressed, the one is the handmaid to the other, especially in the making or summing up of a diagnosis of disease. The results thus obtained, and with the aid of the microscope, are termed *objective*, in contradistinction to *subjective* symptoms, or conditions. There is no doubt then of the fact that *Necrosis* exists as a morbid condition of the osseous structure, and also that it does present itself as a morbid condition of bone structure, and this to a very great extent; more common than is generally admitted, even by those who profess to be familiar with bone invasions. It is not an unfrequent occurrence for errors to be made—and they do creep in—by professional men, whom it might be presumed should know better, as, for instance, terming *Necrosis* proper as a *carious* condition of bone, and the reverse. *Osteitis* is frequently confounded with *caries* of bone, also *caries* with *osteitis*. *Hypertrophy* of bone, as also *atrophy*, are treated of by some authors as isolated and distinct morbid conditions, when in reality they are but a feature or a symptom of the actual disease.

These faults and errors are not only to be found in writings on the subject, but there is an evident lack of knowledge evinced by some who are professedly experienced, and are reckoned among the learned professors of our land. It is not a wonder then that the rank and file of the profession at large should be affected in this way. The fault lies in the early teachings on the one side, *i. e.*, there is a lack or dearth of proper information imparted by the instructor, and not unfrequently a want of interest on the part of the student of medicine. The probable cause in both instances is due to a *want of knowledge* on the part of the teacher, and of a *want of interest* on the part of the student, arising from the modern custom and desire of a speedy adding of the prefix of "Doctor" to his name—or affix of "M. D." To learn and understand *Pathology* and *Histology*, in connection with other and equally important branches that go to form a thorough medical education, the time allotted is too brief *entirely*. Herein lies the difficulty. The student awaits with painful anxiety to ascertain the result of his labors and toil. This desire is an early symptom, as may be noted by his countenance and actions. He sets himself to work and *crams* down as if hungry for a meal. Much of this is forgotten long before the *present* allotted term of study has passed by; with fear and trembling he meets the professional corps, and is *put through* what he terms a "*final examination*," oral or written. The crisis has arrived, and he soon learns his fate. A large proportion of the candidates pass, *of course*; a limited few are *rejected*. These are what might be termed "*limited term doctors*," and with this class, as a rule, *Histology* and *Pathology* are of not much avail, in fact, *nil*. This question has been met with the oft repeated rejoinder, that, "*at a more convenient period it is intended* to look into such of the elements as are embraced in these much neglected departments of a complete and thorough medical education."

How many are there of the large numbers that graduate in our American medical colleges annually, and semi-annually, that ever look into a work of this kind, or who ever possessed one? Who, let me ask, will dare dispute the value of such teachings; and again, who is sufficiently learned to indoctrinate or *cram* into a single mind, in so brief a period of time, *all* that is enumerated and *now required* of the medical student of the present day? Not wishing to add to the objections that could be urged against this method of "*short term study*," how many students are there who conform *strictly, as to time*, to the preliminary study of "*one year*" in some reputable physician's office? Not desiring, nor intending, to detract in the slightest degree from *American intelligence*, but on the contrary, desiring, and *most sincerely*, too, to add my testimony, after a somewhat lengthy experience on this subject, to their acuteness and intelligence, I must, at the same time, enter a protest against such *haste and speed* to which the mind and body of a very large number of American students are subjected, and are allowed to *rush* through our medical colleges, and come out of the contest with a crowded and confused condition of mind, and, too often, great physical depression, that tends much toward adding

to and increasing this great lack of judgment and knowledge scarce ever afterwards attained, even at the expense or discomfort, not to say death, from want of proper understanding and information on diseased changes, too often and too late recognized, if at all, and thus fail in their fruitless efforts to stay and cure disease, much less to rescue the sick ones from an untimely grave? Many an epitaph might be written above the grave of such an afflicted one: Died at the hands of a "*short term doctor.*"

Reformation and Reform, also a much longer term of study, and collegiate courses of instruction, more rigid examinations and more thorough instruction, are the only remedies for this *pathological condition*; not omitting a full compliance with regard to the preliminary measure of "*one year's diligent study* in a competent and reputable physician's office." A *Graded Course* of *four* years, at least, should be the limit, instead of *two*, and this should be exacted and lived up to, will overcome the evil and its direful consequences.

It has been my custom, and my aim and object, long before I first entered the ranks as a medical student, to perfect myself in medicine. I sought the arena of the largest and then most flourishing and prosperous (in point of numbers and quantity of clinical element to experiment upon,) of medical colleges in our land, and thus I enjoyed the privilege of witnessing *practically* much more in that direction than most students that graduate now-a-days. I witnessed thus hundreds of operations without understanding anything more than the method and mechanism of operations and names of the various ailments and maladies that caused such untold sufferings to poor humanity, for this was before the introduction of anæsthesia. Surgery took my eye above all else, as the boys styled it then, and I have never lost a chance or opportunity since then (all of thirty years ago) to avail myself of the valuable privileges, and to render myself proficient and familiar with every thing pertaining to this subject, viz.: *Surgery.* I have been especially fortunate in this department, not to the detriment either of the usual success that attended my painstakings and efforts in other directions. On entering college, after I had taken a *one year course* of private reading, as we termed it in those days, and was repeatedly quizzed during that period by a competent instructor, I determined to take in all the branches then in vogue in a *four years' course* of collegiate instruction and private study. I availed myself of *hospital* and *clinical* instruction whenever and wherever it offered, that being very frequent. During my first [illegible] lectures I took but three branches, and confined myself to those, viz.: *Physiology, Chemistry,* and *Toxocology,* also *Anatomy,* with *Dissection.* To the second course was added *Practice, Materia Medica, and Surgery.* To the third course, *Obstetrics, Surgical Anatomy* and *Dissection, Medical Diagnosis,* and *Pathology. Histology* did not then enter into the curriculum of studies, but Microscopical Anatomy, as it was then termed, was available, but only as a *private feature* at the time referred to. Morbid conditions were then considered in this branch of medicine. Subsequently *Histology* was added to the list, and I hastened, on the first opportunity, to make myself familiar with its intricacies. This branch is deservedly the crowning feature toward the perfection of a medical education, and those who are familiar with this subject will endorse this sentiment. *Histology,* allied with *Pathology,* form the grand basis to the great superstructure of a thorough and complete medical education.

This portion of my paper relating to the question of medical education, may be regarded by some of my readers as foreign to the title of the same, but as the subject of bone disease is only a single instance in which there is confusion of theories and conflict of opinions, the true remedy for this, and other similar evils of the kind, is to keep the subject before the public, and thus agitate it—*Histology* and *Pathology* combined, it may be truly said. Herein lie the key-notes to *Differential* symptoms, and I might add, *Diagnosis* and *Prognosis* of all classes of diseases, as well as affording, together with *Anatomy* and *Physiology,* a thorough knowledge of the primitive condition and normal character of healthy tissues. I tender this diversion, although the most important question of the day, to those who feel a longing and desire to make themselves proficient and successful in the practice of *Medicine* and *Surgery,* as the only highway to reach the *balm* for the ills that flesh is heir to, or that will overcome the disqualifying feature that unquestionably exists, to a great degree, in the medical profession, of *all sects* and denominations or schools of the day. The kindest and

best of motives only, actuate me to call attention to and to urge this *most vital feature*. In regard to my own efforts in this direction, and the items and facts given in regard to my own case is simply to prove my claim to the right of being considered among the earliest, as an individual, who intuitively felt the necessity of, and made most *sincere* efforts for, the accomplishing of the desired end and aim herein alluded to, viz.: A *profound* and thorough knowledge of *all* the branches that go to constitute a complete medical education. I trust and believe that the day is not far distant when this will be a feature in the ranks of homœopathy, at least in our colleges. Our co-laborers of the *regular (?)* school of medicine are, I am sorry to say, far in advance of us in this direction *alone*.

Let us then, as a sect, raise the standard aloft boldly and bravely, and attain what a generous nation and public have the right to demand of us, viz.: *Proficiency, thoroughness*, and a *complete* knowledge of all the medical issues of the day.

As to *how* this can be best and wisely done, I leave to those engaged as *instructors—professors* in our medical universities and colleges within the borders of our land. I could recite, if time and space would permit, the first practical efforts made in the West by the writer, but which failed in consequence of jealousy and a want of proper co-operation on the part of certain members of the faculty (not the students,) of the college into which the *graded course* had been introduced, and which would otherwise have been a success.

(*To be continued.*)

WONDERS OF THE MATERIA MEDICA.

BY JOHN S. LINSLEY, M.D., NEW YORK.

(Read before the Hom. Med. Society of the Co. of N.Y.)

It is not yet a hundred years since Hahnemann received his degree of Doctor in Medicine, and but little more than three-fourths of a century since this greatest of medical philosophers discovered the law for the selection of cures, and invented the system of pharmacy by which he and all his disciples have fully and clearly verified that great law.

The Hahnemannic system, notwithstanding its full verification by many thousand well-educated, scientific investigators, is still battling for popular acceptance, and for the uprooting of false theories from the minds of the majority of medical men.

Like all great scientific discoveries, homœopathy, in its theories, is in such marked antagonism to the ordinary or puerile methods of thought, that it cannot be accepted except by practical demonstration.

And, though the law is well verified by its votaries, yet in its operation it reveals to us a multitude of startling facts and mysteries which call for our wonder and admiration.

About twenty years ago I experienced the wonderful beneficence of homœopathy while sick with typhoid fever, and the memory of that experience is one of the pleasantest recollections of my life.

And, as a result of that beneficence, I am before you on this occasion to relate some of the wonderful things I have observed in practical tests of the law and the art of homœopathy, and to give a little forecast of the future.

While holding the position of Hospital Steward, U.S.A., during the late civil war, I had an opportunity to note some casual illustrations. At a certain hospital there was received an epileptic patient, who had been prostrated by sunstroke, the convulsions seeming to follow as a sequel, and occurring with great frequency. The assistant-surgeon in charge of him said, "I think I'll put a seton in his neck," but found his neck already scarred by the frequent use of that remedy. Coming into the dispensary he said to me, "Now I would like to do something for that poor fellow, but I don't know what to give him; I guess I'll try *Belladonna*."

The patient had during an attack a very red face, glistening eyes, with dilated pupils, and lay for some time in an apoplectic state of insensibility. (See *Belladonna, Allen's Encyclopædia of Materia Medica.*)

I prepared a dilute tincture of *Belladonna*, a grain of extract to four ounces *Alcohol*, of which he took one drop night and morning in water. He remained several weeks at the hospital, but had no convulsions after the first dose. The surgeon said there was no principle known by which any explanation could be given for such a cure. He afterward admitted that he knew nothing, nor did he wish to know anything, of homœopathy.

It seems not a little marvelous that men devoted to a profession that has for its object the

alleviation and cure of disease, should shut every sense to an alleged discovery of great and universal importance, rather than verify or confute a proposition they do not understand.

These physicians are, in unyielding conceit, like a Swedish sailor once in my father's employ as a farm hand. He often expressed himself as mystified by the fact that, in the Arctic regions he had seen the sun hang upon the horizon many days, while at the equator it seemed to pass directly overhead, and the twilight was short. I brought to him an astronomical instrument to make it clear, but he averted his eyes and said, "I been dere; I not understand, nobody understand," and I was practically forced to admit his superior knowledge.

A few days after the cure of the epileptic patient there was in hospital a young man with a fever, of a remittent type, who vomited almost constantly for nearly two days. The surgeon-in-chief, a man of high brevet rank, came in several times, and changed the prescription at each visit. In the afternoon of the second day the patient was much worse, the surgeons were all away, and the ward-master, knowing that I was a student of homœopathy, said to me: "You must know of something that will stop that vomiting; the poor fellow will vomit himself to death. If there is anything in homœopathy, why don't you take the responsibility, and give it to him." I put a drop of fluid extract of *Ipecac* in an eight-ounce goblet of water, and gave him a tea-spoonful. He vomited no more. A short time after, the surgeon-in-chief passed my door with the ward-master, who was just relating what had been done, and this brevet brigadier-general said, with immeasurable wrath, "Damn the steward; I'll have him court-martialed." But that was the last I heard of it.

During my first year of practice I was applied to by a man who suffered from frequent attacks of colic, which often lasted two or three hours. I sent him during a paroxysm, the first trituration of *Colocynth*, to alternate with a few powders of the first trituration of *Dioscorein*. I was overanxious to cure my patient, and from giving two remedies at once, am unable to tell you which cured, but supposed it was *Colocynth*.

I was called to treat this man's children and other relatives for a number of years. A boy six years old, had chronic enlargement of the tonsils, which caused suffocative breathing, especially on lying down. *Baryta carb.*[200] cured him. The wife of this man refused to accept homœopathy, and always said: "I know you cured my husband of colic, and I know you cured Jimmy, but I can never believe in homœopathy, it seems so little! I suppose its good for children, however."

A negro having elephantiasis of the lower extremities, was cured with *Silicea* in the first attenuation.

I now began to investigate the use of higher attenuations, and have reason to think that by them I have made many cures, which otherwise would never have been made. I cite a few illustrations.

A boy three and a-half years old, with chronic hydrocephalus, and frequent watery diarrhœa, was treated with *Calc. ostre.*[30] and *Apis mel.*[30]. He had never yet stood upon his feet, and the lower extremities were undeveloped. Before he was four years old he began to walk, and his mother informed me that he required a hat several sizes smaller, as his head was one and a-half inches less in circumference. Three children had died from meningeal disease in the family, but this boy became strong and vigorous.

A woman having an invalid daughter, informed me that she was the relative of a distinguished old-school physician, and had been prejudiced against the new theory, but if I would cure her daughter she would believe in homœopathy.

The young lady was now eighteen years old, and since four years of age had, as a sequel of scarlatina, caries of the lower jaw, which had caused many deep scars from frequent eruptions, and the cervical glands were enormously enlarged.

She received *Aurum muriat*[m] once a day till improvement began, and the carious jaw healed. *Conium maculatum*[200] was given for the enlarged glands, and an occasional dose of *Calc. ost.*[200], and last of all a few doses of *Graphites*[200] for the deep red cicatrices. In about seven months from the beginning of treatment she had become changed from her ugly, unsightly appearance, into a beautiful woman.

A boy twelve years old, had necrosis of the right tibia. His mother made the preliminary arrangements for a surgical operation, but dreading the ordeal, concluded, by a friend's advice, to try medical treatment. The anterior

aspect of the bone was denuded and black for nearly its entire length, and the surrounding soft parts were inflamed and swollen. Soon after using *Aurum mur.*[200], the dead bone began to exfoliate, and the inflamed parts to assume a natural appearance and overlap the long cavern. In six months the leg was healed.

A boy ten years old, had scarlatina in very hot weather. A succession of cervical abscesses and hard swellings twisted his neck so that the chin rested many weeks on the right shoulder, causing inflammation of the lower cervical vertebra. By my consent a distinguished orthopedic surgeon was consulted, but his fee of $500 in advance, being impracticable for my poor patient, the parents decided to continue medical treatment. The *Aurum mur.*[200] was given, and afterward *Con. mac.*[200], and a few doses of *Calc. ost.*[200]. In one year the case was perfectly cured without any surgical appliance.

A woman thirty years of age, had frequent attacks of angina pectoris. When called to her the heart seemed as held by an iron hand for many hours. I gave *Cactus*, g.[200], which was continued for several days, and although I treated the patient for other complaints for several years, there was no return of the angina.

An infant six months old, had an intermittent fever, with chill at 11 P. M., blue face and suffocative dyspnœa. The child must be lifted and held up; it seemed as if it would die. *Cactus*[1000] cured. The mother of the child had an intermittent at the same time, but the symptoms were very different. A pale, waxy face, intense thirst during and after chill, satisfied by a swallow of cold water, which was vomited as soon as swallowed. *Arsenic*[1000] cured.

A young woman having an enlarged heart and subject to suffocative attacks, with turbulent action of heart, worse at 11 P. M., was always relieved and attacks rendered much less frequent by use of *Cactus*[200].

A woman 30 years of age, had enormous distention of the abdomen for some years, making her ashamed to appear in public. There was borborygmus, with aggravation of rumbling and gurgling after 4 P. M., and the urinal was often stained red, with uric acid deposit. She had been treated by an allopath and two homœopaths without benefit. Upon giving her *Lycopodium*[M], the balloon-like distention collapsed, the urine became clear, and she remained of comely form.

An infant five months old, had a violent screaming spell every day at 5 P. M. He cried so hard as to cause a scrotal hernia. There was also flatulency, with protrusion of navel; eczema of the scalp, which subsided at intervals, when he was always worse of flatulence and pain. *Calc. ost.*[200] cured the hernia, and *Lycopodium*[200] the remaining symptoms, though only after several weeks persistent adherence to the one remedy indicated, in spite of the grandmother's advice to give "Soothing Syrup," and the child's dreadful crying.

A pregnant woman had gastro-entiritis from a sudden mental impression, fearing she had broken her two-year-old boy's arm by lifting him. She had high pulse, 130, and there were ecchymosal spots of epigastrium and on abdomen; also diarrhœa of thin, yellow stool.

Gelsemium tincture failed to give relief; as she was suffering intense pain, and later showed excessive flatulence, and the urine had a red, granular deposit, while her sufferings were terribly increased after 4 P. M. I sent a small phial containing a few drops of *Lycop.*[200], with directions to take a drop every hour. The next morning I received from her the following note:

Dear Doctor—You hit the nail on the head when you sent those drops. I was relieved of pain after taking the first dose. I am very grateful. Yours, ——

A woman, whom I had not seen for two years, called, having with her a child just beginning to walk. She said, "We call this the 'Homœopathic child,' for I had been married many years, and had despaired of having any child; but you gave me medicine for a difficulty which I had long suffered from, and I attribute to your successful treatment this very happy result." I had given her the 200th attenuation of *Lachesis* for a chronic uterine catarrh, which stained and rendered stiff the linen, and which was accompanied by a severe pain in lumbar region.

Another lady patient, living on Murray Hill, suffering from yellow, acrid leucorrhœa, the mother of five children, the youngest being five years old, was given *Lachesis*[200]. One year thereafter she gave birth to a very beautiful child, which she called a "Surprise Baby."

A woman, at the third month of pregnancy, was suffering from nausea and vomiting; was hysterical and nervous; turned deadly pale or faint on the slightest excitement; was so faint

in these attacks that she could scarcely speak, and was given *Nux moschata*[200], with entire and permanent relief.

A boy, who was very excitable and restless, and had frequent attacks of worm fever, with pain in stomach, and lay upon stomach when asleep, was relieved by *Stannum*[200]. Afterward, living in Brooklyn, he had a return of the same conditions. The father came to New York for more medicine, saying that he had tried the Brooklyn doctors, but they didn't help. *Stannum*[200] again relieved.

A young woman eighteen years old had menstrual suppression, with frequent epileptic convulsions, and was restored to health by the first dilution of *Xanthoxylum*.

I afterward gave the *Xanthoxylum* to a woman thirty years old for epilepsy, but having a return of the fits in one month, and upon learning that the convulsions occurred monthly at the exact full of the moon, I gave *Silicea*[200]. There was no return of the malady. At least I saw her nearly a year afterward and she had remained well.

To several somnambulists, who had lumbricoid worms, and were habitual in sleep-walking at the new or sometimes full moon, I gave *Silicea*[200], with full success.

Several women subject to miscarriage at the third month, one of them seven times in succession, were given *Sabina*[200], and in each case when having the usual first symptoms, and all of them bore vigorous children at full term.

In a great many cases treated for warts with *Thuja*[x] and *Thuja*[200], I have noted the fact that the majority are cured in seven weeks. Many cases require a much longer time. An old man who had syphilitic warts for many years, and had taken much *Iodide of potash* and *Mercury*, required nearly two years treatment with *Thuja*[x] and *Thuja*[200], to cure him.

A little girl with chronic intermittent fever, accompanied by a stomach ache, was cured by taking *Abies nigra*, first attenuation.

Several persons suffering from chronic laryngo-tracheitis and bronchital catarrh, with excessive mucus secretion, so that talking or coughing caused the mucus to fly from the mouth, or there was gagging and vomiting, were benefited or cured by *Badiaga*[200].

A very white blonde boy, one year of age, had meningitis in the hottest weather, with cholera infantum; yellow, very frequent stools, and emaciation rapid. When called to him, the feet were held up perpendicularly above the body, and alternately and rapidly kicked upward, with a loud, shrill scream. A dose of *Zinc.*[200], quieted the screaming and kicking, and *Calc. ostrearum*[200], rapidly completed the cure.

And many persons suffering from terrible attacks of asthma, having an aggravation always at 3 A. M., have been relieved by *Kali carb.*, in attenuations, from the thirtieth to the thousandth.

A case of that character just now under treatment, was given the *Carbonate of potash*[1000], and she said to me, "I never had any medicine like that for relief!"

This record of clinical proof might be extended to great length, and the experience of every disciple of Hahnemann is the same. We know that this is science. If we knew more than the law of parallelism between the diagnosis of the drug and diagnosis of the disease; if we knew how each and every substance in every form of attenuation, operates within the vital organism, then we should possess the perfect knowledge of the limitations of medical science, and there would remain nothing wonderful in the study of *Materia Medica*.

The progress of our school in proselyting the world to the new medical doctrine has been chiefly through the impression of the sentiment of the wonderful upon the minds of our patrons. If we would convince a man of the truth of homœopathy there is very little use in the discussion of theories, you must catch him when he is sick, and demonstrate the wonders of the *Materia Medica* to him in such a manner that he will never lose the impression. And, as our progress has been, so it must be by this sure method. But there is a grander and better time coming when the spirit of investigation shall penetrate the old universities, and the younger men shall refuse to be bound and manacled with the fetters of prejudice. Then they will not only hasten to use every known means of analysis, but new methods of test will be discovered. In place of the men who thought it their duty to oppose new theories by old, we shall have men full of enthusiasm to discover the wonders of the *Materia Medica*. They will not only admit the fact, but they will endeavor to ascertain the still unknown vital process. They will want to know how the atom of *Cactus* calms a turbulent heart, how *Ipecac* allays the nausea and vomiting, how *Potash* relieves asthma at 3 A. M., why *Sulphur* cures a morning diarrhœa, and whether it is moon or moonshine that makes *Silicea* so grand a polychrest.

Science can bide her time; meanwhile let us go on with the provings.

DIFFERENTIAL MORBID ANATOMY AND PATHOLOGY OF PULMONARY TUBERCULOSIS AND PULMONARY PHTHISIS, CATARRHAL AND FIBROUS.

By Burk G. Carleton, M. D., Curator and Pathologist, Hom. Hosp., W. I., N.Y.

ANATOMY OF PHTHISIS.

1. The pleura usually presents strong fibrinous adhesions, general or circumscribed. Sometimes strong fibrinous bands are found; rarely any serum. The adhesions are most marked at the apex, as a rule. Again, there may be no adhesions or apparent abnormal condition of the pleura.

1. Section of a phthisical lung reveals nodules in various stages of development, and retrograde metamorphosis.

X. Primary, or small red nodules (sometimes slightly yellowish), do not inflate with the lung, are solid, not granular, and a reddish or reddish-gray fluid can be made to ooze from their cut surface. They are readily broken down by pressure. Sometimes they are hard, and cannot be broken down. When they are located near the surface of the lung they protrude, presenting small, round elevations.

Y. Resulting or yellow nodules vary in size, from one-sixteenth to one inch in diameter. We may find the entire lung tissue disseminated with nodules, varying in size from a pin-head to a buck-shot; or we may find a few large nodules, which are easily broken down. Outline not well defined. Frequently they are hard and calcareous, or incapsulated.

Z. Cavities ranging from one-fourth to five inches in diameter, walls ragged, and indurated with shreds of various size, extending from wall to wall, the cavity containing pus; albuminous and fatty debris opening into each other, the bronchial tubes, pleura, pericardium, etc.

3. The lung tissue, in apposition to the nodules, will vary. It may be either normal, anæmic, congested and œdematous, or consolidated to a greater or less degree.

4. The upper lobe of the left lung is nearly always involved to a greater degree than any other portion of the lungs; and frequently we find, instead of pulmonary tissue in this region, one large cavity, with thickened walls.

ANATOMY OF TUBERCULOSIS.

1. The pleura frequently exhibits an eruption of gray submiliary tubercles, which may be general or circumscribed, associated with a recent inflammatory product, or old compact adhesions. Sometimes these tubercles are found in a state of cheesy degeneration. Or again, the pleura may be apparently normal.

2. Sections from the diseased lung will present tubercles in two distinct conditions, with others in the intermediate state.

X. Primary, or gray tubercles, are semi-transparent, of a grayish white color, varying in size from a pin-head to a hemp-seed; their outlines are well defined and round; sometimes they are a little elevated on the cut surface, texture quite firm, and may even be cartilaginous. Or again, they may be of a jelly-like consistency, and of an opaque white color.

Y. Resulting, or yellow tubercles, are much larger, and often reach the size of a pea, and, as their name signifies, are of a yellow color. Their outline is somewhat irregular. Occasionally they have a grayish-white outline or border, whose consistency is quite firm, the yellowish centre being soft and easily broken down, as are most of the resulting tubercles, the exception being the incapsulated and calcareous tubercles.

Z. There are also small cavities, rarely exceeding one-half inch in diameter, with indurated walls, containing a thin, cheesy, purulent liquid, and many of them opening into cavities in close proximity, as pleura, bronchial tubes, etc.

3. The pulmonary tissue between the tubercles is usually congested and œdematous, and the edges of the lung emphysematous. Some specimens may present a grayish, consolidated, friable tract of lung tissue between the tubercles. When the tubercles are of the firm gray variety, the lung tissue, as a rule, is normal; but in the soft gray and yellow tubercles it is either congested or consolidated.

4. The lesion is usually equally distributed throughout the lungs. If local, it will be confined to the upper lobe of the left lung.

HISTOLOGY.

Red nodules, on microscopical examination, reveal a stasis of the blood in the vessels which project more or less into the air cells. The air cells are distended, with large nucleated elements, being the proliferated and cast-off epithelial cells, an exudation product, composed mostly of the liquor sanguinis, which is coagulated in the air cells, having entangled with it blood corpuscles and epithelial cells. If it has matured at all, it will present a fibrillated condition. The alveolar walls and smaller bronchioles are thickened by a small celled tissue, composed either of lymphoid elements, or spindle-shaped and branched cells; the intra-lobular connective tissue will be thickened, and more or less replaced by a large number of spindle-shaped cells.

Sections from the centre of the yellow, or resulting nodules, will display fatty and granular matter. When taken from the periphery, we find a structure similar in all respects to that in the red nodules, in a partial degenerated condition, and frequently associated with it calcareous molecules. The walls of the vomica present to view air cells, filled with fibrillated fibrin, and epithelial cells; the alveolar walls thickened, and more or less replaced by adenoid and fibroid tissue.

PATHOLOGY.

Catarrhal or fibrous phthisis is sometimes a primary; again, may be a secondary disease. The largest per cent. of deaths by catarrhal phthisis are between the fourth and thirty-fifth years; after this age the deaths are mostly from fibrous phthisis. Duration of these diseases are from one to ten years. Catarrhal and fibrous inflammations always exist together, the catarrhal usually predominating. Primary changes occur in the epithelial cells and alveolar walls. The disease usually makes its appearance in the upper lobe of the left lung, and then attacks other regions of the pulmonary tissue.

This is a chronic inflammatory disease, and under certain conditions might be called contagious.* The condition of the nodule will depend upon the duration and intensity of the inflammatory process. When the inflammation is acute and high, we have, as a result, a large accumulation of proliferated epithelial cells in the alveoli, which will soon undergo a fatty change;

* See causes of phthisis.

HISTOLOGY.

Gray tubercles, when examined microscopically with a low power, present spheroidal masses, whose cellular elements seem grouped around separate centres, and appear to be attached to the lymphatics, or lumen of an artery; when highly magnified, the alveoli appear to be filled with multinucleated cells (said to be derived from the alveolar epithelium), proliferated and exfoliated epithelial cells; the alveolar walls around them are infiltrated with lymphoid cells and adenoid tissue.

2. Sections from the centre of the yellow or resulting tubercles exhibit fatty and granular debris, and sometimes calcareous molecules; if taken from the periphery, the alveolar walls and their contents show partial degeneration. Walls of vomica present the cellular elements, as noticed in catarrhal phthisis, with the addition of multinucleated and lymphoid cells.

PATHOLOGY.

Tuberculosis always occurs as a secondary disease; does not occur more at one time of life than at another. Duration of disease is from one to six months. The tubercular structure of the lung always has more or less catarrhal and fibrous inflammation associated with it. Primary lesion is always found in the lymphatics, or lumen of the arteries. In the acute general tuberculosis, we find an innumerable number of small gray and a few yellow tubercles scattered through the lung; when the disease is local and confined to the lungs, we find tubercles in all stages, many of which have broken down, leaving cavities, which are frequently confined to the upper lobe of the left lung—at least they will be most marked in this region.

Tuberculosis is an infectious disease. The condition and appearance of the tubercle will depend upon its age and stage of development, or degeneration. When the irritation caused by the infection is intense, there will be a large development of multinucleated and epithelial cells within the alveoli, with a slight lymphoid development in the alveolar walls. When the gray tubercle is thus produced, it will undergo a rapid fatty degeneration; whereas when the irritation is less severe and more chronic, there will be a greater lymphoid development in the alveolar walls, and a less number of multinucleated and epithelial cells in their alveoli; and hence they do not undergo fatty degeneration

when a little less severe there will be an exudation product added. This soon becomes fibrillated, and in many cases of phthisis is one of the greatest causes of hardening. When more chronic, we have an adenoid tissue developed in the alveolar walls. When very chronic, we have added a fibrous tissue developed in the intralobular connective tissue—the last two conditions when their development reaches a certain point contracts, causing induration, and diminution in size of the lung. These products all undergo a retrograde change, and the time when this change takes place depends upon the time taken to cut off the blood supply, by the induration, infiltration and contraction of the new formation. This change will give either a cheesy or calcareous nodule. These soon break down this process, usually commencing at the periphery of the nodule, producing cavities of various size, with indurated walls, opening into one another and other cavities near them by ulceration of their walls. Sometimes they collapse, a new inflammation is set up, and they become obliterated. The blood supply is interfered with, firstly, by stasis of the blood in the vessels; secondly, by a new growth in the walls of the vessels, thickening their coats; hence diminution of their calibre; and this, like all other new connective tissue, contracts, obliterating the vessels to a greater or less degree. The red and small yellow nodules are frequently absorbed; the large yellow never.

Predisposing causes are: Hereditary phthisis, scrofula, consanguineous marriages, old or drunken parents, mode of life, influence of race, nursing phthisical mothers, faulty carriage of the body, as seen in the shoe and watchmaker; age 4 to 7 and from 15 to 35 for catarrhal, and 35 to 65 for fibrous phthisis; persons who cannot inspire 36 1-10 cubic inches of air in addition to a general inspiration die sooner or later of phthisis (this rule will vary somewhat according to age and size of the person); imperfect development of the chest; perforate foramen ovale; change in cartilage of first rib in youth (when it becomes shorter, curved, and osseous); feebleness of the respiratory muscles; projection of the lungs about one inch above the clavicles, the atmospheric pressure preventing their expanding as they ought, and as expiration is also imperfect here, foreign matter is allowed to remain, and by its irritation sets up an inflammatory process; moist air especially, when it is continually warm or subject to marked changes; poor food.

Exciting causes: Bad air (especially in sleeping rooms), impregnated with foreign particles, or fetid masses exhaled by catarrhal or phthisical patients; chilling the surface of the body; altered condition of the blood, as in nephritis, or pregnancy; extension of a bronchial catarrh; pneumonia, or pleurisy.

quite so rapidly as the more acute tubercles. With these are always associated more or less elements of the same nature, as found in catarrhal and fibrous phthisis. The yellow tubercle represents the gray in a stage of degeneration, either fatty or calcareous. As necrosis advances, we have these tubercles breaking down, commencing at their centre, this being the part first formed and the greatest distance from the blood vessels, containing the nutritive pabulum, the blood supply having been interfered with in the same way as described in phthisis. This disunion of the continuity of the tissue leaves small cavities, with indurated and ragged walls, which may open into each other, or other cavities, by ulceration. They are rarely obliterated. The smaller tubercles are sometimes absorbed, and the larger ones frequently are diminished in size by this process.

Predisposing cause: Hereditary tuberculosis or scrofulosis, natural weakness of the lungs, diseases whose sequelæ are lymphatic inflammations or cheesifications; as, for example, the exanthematic fevers, first stage of catarrhal phthisis, middle age.

Exciting causes: Caseous degenerations of all organs, inspissated abscesses, caries and necrosis of bones, arthritis, ulcerated skin and mucus membranes. Tuberculosis is produced by autoinoculation through the lympathics when circumscribed, and through the blood-vessels when general.

Authorities consulted: Ziemssen's *Cyclopædia of the Practice of Medicine*, vol. 5; Wagner's *General Pathology;* Orth's *Diagnosis in Pathological Anatomy;* Green's *Pathology and Morbid Anatomy;* Loomis's *Diseases of the Respiratory Organs, Heart, and Kidneys;* Niemeyer's *Text-Book of Practical Medicine*, vol. 1.

DEATH OF GEO. KELLOCK.

It is with great pain that we record the death of George Kellock, for thirty years the faithful and efficient Superintendent of the Out-door department of Pub. Charities and Correction. To all who had the good fortune to know him —and their names are legion — his memory needs no encomiums at our hands. His noble life, founded upon honesty, faithfulness, and charity towards all, is sufficient monument to his memory, and this vacant chair in the department will be filled with difficulty.

The Homœopathic Times.

A MONTHLY JOURNAL

Of Medicine, Surgery and the Collateral Sciences.

Editors:

EGBERT GUERNSEY, M.D. ALFRED K. HILLS, M.D.

J. B. GILBERT, M.D.

Published on the First of each Month.

Office, 18 West Twenty-Third Street, New York.

NEW YORK, JUNE, 1878.

"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession."*—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

AMERICAN INSTITUTE.

THIS is the oldest of the national medical societies. It is however, perhaps, the least influential of any of the national scientific organizations. The plans for progress and public good which might be matured and carried into practical working, find but little place in the work of the society. So tame have become its deliberations, and so little benefit has accrued from them to the profession and the world, that it is now looked upon more as a social gathering than a scientific meeting made up of earnest men, zealous for the honor of their profession, and exerting their utmost effort to keep it in the van of scientific progress. It is true, many of the best men in our profession attend these meetings, but it is not in the interest of those who manipulate the wires, and who look upon the American Institute simply as a huge grindstone upon which to sharpen their own axes, that they should occupy more than a secondary place in those deliberations, which are too apt to resemble the froth and foam of shallow water over a rocky bottom, rather than the high strong waves of the deep sea.

It is not pleasant for us to find fault. THE TIMES would far rather speak in terms of commendation than of censure. But we would fail in our duty as public journalists if we did not call attention to the fact that the American Institute is doing but little for progress, and fast losing ground as a scientific organization. Its time is too much given to empty vaporings and shallow platitudes, and too little to grave deliberation of great subjects. Scores of members are allowing their names to drop from the roll of the Institute, simply because they receive no practical benefit from their membership. One meeting a year, and a small volume of transactions, containing a few good papers and a vast amount of chaff, is all there is to show for seven dollars dues for each member. There is not a member of the Institute who would not be willing to pay twice the amount of his present dues if he could reap thereby an enlarged scientific knowledge, and feel that he was one of an organization which was making itself by the breadth and clearness of its views, by its earnest spirit of investigation, a power to be felt and respected among the scientific bodies of the world.

It is not our place to mark out a line of action. We warn the Institute, however, that they have trifled long enough, and unless the helm is placed in the hands of those who have the strength to hold and the skill to guide, it will soon go down to its unhonored grave without one to sing its requiem. Give us work to do; work which every state society, every county society, every man can interest himself in carrying out to a brilliant and successful issue. There are minds enough in the American Institute, if they will only address themselves to the task, fully able to plan out a line of scientific work, which will gladly engage the action and enthusiastic co-operation of every member. We hope, almost against hope however, yet to see the oldest national medical society occupy a position of which we may all be proud.

MEDICAL CHARITY.

THE minds of some of the medical profession in this city have been very much exercised recently about what they are pleased to call the abuse of medical charity. They point to the large number of hospitals and dispensaries in the city, and to the immense number of pre-

scriptions daily given in these institutions, as a proof that many who are well able to pay, avail themselves of medical charity. Their statement is true only in part. The only purely charitable institutions in the city are the hospitals under the control of the Commissioners of Charities and Correction, and the dispensaries. The numerous hospitals in the city are, in a measure, self-supporting, and can in no way be called charity hospitals. The dispensaries, whose doors are open to all, who are unable to pay for medical advice and medicines, may sometimes include in their daily work those who are quite able to pay for the services rendered; and yet it is a question whether such persons would not in nine cases out of ten, defraud the physician out of his just fees, and prove a greater source of annoyance than profit. A person who will receive as charity what he is well able to pay for, is just the kind of person which any physician would rather meet in the dispensary than in his own office. The dispensary physician can in many cases detect the fraud, and either refuse to prescribe, or direct him to his office as a private patient. The real condition at home of every dispensary patient could be easily ascertained, if a good working society was organized in connection with every institution, through which patients could be visited at their homes. With intelligent and scientific visitors a hygienic police could be established, whose influence would be felt for good through all the abodes of poverty and the haunts of crime. Working in connection with the Board of Health, each dispensary might accomplish an amount of good, which in more ways than one, would make itself felt upon the health and crime of the city.

As the expense of every enterprise, especially in a city where the taxes are already too high for the amount of work done, should always be a matter of careful consideration, this voluntary work, recognized and aided by the Board of Health, would place as active workers in the sanitary affairs of the city, a small army of intelligent earnest laborers, and that without additional expense. The flower and fruit missions are examples of what can be done by voluntary labor prompted by a desire to do good. In the thronged wards of the great city hospitals, the ladies, with their gifts of flowers and fruits, are eagerly welcomed. The words of kindness with which the flowers and fruits are presented tell the poor sufferers that they are not forgotten by the good in the great world without, while the gifts themselves seem to throw wide open the door upon the blue skies, the bright sunshine and the fragrant fields.

Missions similarly organized, whose influence would penetrate the homes of poverty, the abodes of suffering, where life is a continued struggle with want; the dark places of the city where crime and disease walk hand in hand, and pour out their poisonous currents, to taint the great stream of human life—would bring within the field of systematic and well-directed charity every person in need of aid, and open a way by intelligent counsel, through the iron walls of want which surround them, to a future of comfort and prosperity.

In the sanitary affairs and charities of city and country there is apt to be too little or too much machinery; too many heads or an entire absence of any active central power. In this city, if the Board of Health was abolished, and its duties performed by a bureau in the department of Charities and Correction, the service would be much more efficient, accomplishing ten times the amount of good at a far less expense. With a responsible central power directed by intelligent minds, dispensaries, with their bands of volunteer workers and educated medical staffs, could do much towards systematizing charity and guarding against its abuse. The dispensaries would pay back to the city in the relief of suffering, in the information given as it regards the condition of the city, and in the training of young students, who would here learn how to sharpen and use their weapons

with effect before entering the great battle of life, far more than the amount expended upon them. Making our dispensaries self-supporting by charging each patient, as is proposed by some, a small fee, does nothing towards systematizing charity, so that its benefits will be felt where most needed.

If physicians choose to open their offices at certain hours of the day, and charge a small fee for all prescriptions made at those times, they have a perfect right to do so. But after all it can only be looked upon as a business arrangement, of doubtful propriety, and not likely in any great degree to serve the cause of charity.

The subject is worthy of the most careful consideration. Our philanthropists can find no better field than the maturing and carrying into practical work a systematic plan of charity, whereby the really deserving can be reached, to the exclusion, as much as possible, of the thousands who live on, from year to year, like barnacles, drawing their sustenance from sources of charity.

A FEW COMMENTS ON A BIT OF 'PRENTICE WORK.

BY SAMUEL A. JONES, M.D., UNIV. OF MICH.

"The picrates! the picrates!" shrieks the mad-man; "we shall all be blown up! The picrates will blow us all up!"—*Survivors of the Chancellor, p. 61, (Jules Verne).*

Dr. Louis B. Couch has given a fine example of the explosive nature of *Picric acid*, and I purpose to show that he is at the worse end of the gun.

The position taken by him in his attack upon me, is, he states, as follows:

"Just what this coloring matter was is an interesting matter to me, for upon this point all the theories advanced by my learned opponent concerning the physiological action of the drug must either stand or fall."

He then cites Prof. Tyson's letter to show that "this coloring matter was" *chrysophanic acid.*

He next says that *I* "discovered urohæmatine in a urinary solution of chrysophanic acid." He intensifies this assertion as follows:

"In every case the urine responded perfectly to this test, thereby showing conclusively that its beautiful tint was due, *not* to urohæmatine, as our Ann Arbor friend so POSITIVELY DECLARES, but to a *vegetable coloring matter.*"

I charge Dr. L. B. Couch with deliberate falsehood, and I challenge him to cite one word of mine to show that I ever made such a declaration. It is an unqualified falsehood; and I leave him with an indellible stigma stamped upon him by his own words. This is plain language, and I am sorry that the facts will admit of no modification.

I am led to regard Dr. Couch as imagining that urohæmatine gives a reddish tint to the urine, and hence suspecting me of making a similar mistake. But the *color* of the urine will deceive only a 'prentice hand. "Urohæmatine gives to that liquid not a bright red tint, but the tint of normal, healthy, high-colored urine. * * * * A pale urine often contains a large amount of urohæmatine; while, on the other hand, a high-colored urine contains very little."—*Harley.* Then "the beautiful tint" of the urine containing *chrysophanic acid* would alone suffice to put any one but a 'prentice hand on his guard.

But there is another fact which shows how utterly impossible it is for any one to make the mistake with which Dr. Couch so unwarrantably charges me, namely: The very acid which gives to urine containing urohæmatine a pink, red, crimson, or purple color, according to its quantity, *turns the chrysophanic acid red to the picric acid yellow.*

This is easily demonstrated. Treat 140cc. of urine with 10cc. of a 33 per cent. solution of *Caustic soda*, and filter. To 90cc. of the filtrate add 10cc. of a saturated alcoholic solution of *Picric acid.* "The beautiful tint" is instantly produced. Treat 4cc. of this preparate with 1cc. of concentrated *Nitric acid*—the proportions of urine and acid taken in testing for urohæmatine—"the beautiful tint" *fades into the Picric acid yellow!*

Thus, the very test which I had to use in seeking urohæmatine would have exposed the mistake which Dr. Couch falsely charges me with making—IN THAT I SHOULD FAIL TO GET THE UROHÆMATINE COLOR.

The above is ample refutation; but there is yet more, namely: The urine which gave me urohæmatine was evaporated and incinerated by

Dr. Taber, and the incinerate gave him both *ferrous* and *ferric* reactions.

Dr. Couch fares no better in regard to his late version of the blood story. He says:

"Owing to the action of the drug upon the digestive organs, the appetite was poor."

This he writes in April, 1878. On the 17th of December, 1874, he wrote of this identical dog as follows:

"As to quantity ate and drank I can not give a definite answer, only the dog ate all the meat I would give him, say a pound of meat and potato *(sic)* a day."

Dr. Couch goes on to say: "Of course, under these circumstances,"—that is, having "a poor appetite," yet "eating all the meat I would give him,"—"we would expect to find a great deficiency of the vital fluid, the blood; and so the result proved. Failing to secure enough blood to fill the bottle I had procured for the purpose, and fearing lest the air contained would destroy it before he could examine it, I FILLED THE VACANT SPACE WITH WATER."

He then charges me with "perpetrating a most astounding theory" from examinations of *that* blood.

The facts are these: Dr. Couch's "bottle" was a 1½ drachm vial; it was sent in December from Northampton, Mass., and was *frozen* when opened in Englewood.

That I would make a "diagnosis," or base a "theory" on *frozen blood* is an assumption which I trust one of the founders of the *American Microscopical Society* need not stoop to deny. But such a doing on my part is essential to Dr. Couch's hypothesis, so he boldly makes this assertion:

"On examining the blood I had sent, the Doctor, *of course*, found the blood corpuscles destroyed. He prepared a paper on the *blood-destructive* properties of *Picric acid*, which I believe he read before this Society (N. Y. County Hom. Med.) in 1875."

My paper, "read before this Society," said not a word about "blood-destructive properties,"—it was read October 28, 1874, *two months before Dr. Couch had sent the blood.*

That in the blood sent I, "of course, found the blood corpuscles destroyed," is another instance of Dr. Couch's inventive capacity. What I did find in that blood was such a quantity of blood-crystals as to raise the question: *Can such an excess of crystals be found in the unfrozen blood of a dog poisoned with picric acid?* The reader is aware that *freezing* forms these crystals in the blood of the guinea-pig and the dog.

Early in 1875,* Prof. T. F. Allen lent me *Erb's Monograph on Picric Acid.* That work completely destroyed any lingering confidence I may have had in Dr. Couch's work, and the Doctor's last 'prentice job only intensifies these found.

I will cite one of these discrepancies, opposing Erb's *results* to Dr. Couch's *assertions.* Dr. Couch says:

"To ascertain if *Picric acid* produced the wonderful action upon the blood-corpuscles so *accurately* described by Professor Jones, I prepared forty-five or fifty specimens of blood in various stages of the poisonings, and even after death. In *none of them, however, was there the least change in the blood-corpuscles from the normal condition.* I went further. Procuring some healthy blood, I mixed with its serum as large a quantity of the acid as possible without coagulating the albumen it contained, but even then the blood-corpuscles were unchanged."

So for Dr. Couch; now for Prof. Erb:

"In this animal (Dog Experiment 6, page 8,) the first traces of granule-formation in the blood-corpuscles occurred in from sixteen to eighteen hours after the first dose of *picrate of soda* was given, and from that time on the change extended very rapidly over a large number of blood-corpuscles, with the same characteristics and reactions as in the case of the rabbit. This change continued during the second day after the commencement of the experiment in its entirety, but as early as on the third day a decided decrease in the percentage of the affected blood-corpuscles became apparent, although the *Picrate of soda* was continued in small doses; this decrease in the number of the granular blood-corpuscles grew larger from hour to hour. On the fourth day the previously ob-

* On February 24th, 1875, I read a paper *On the Hæmalytic Action of Picric Acid* before the Hahnemann Academy, giving therein a *résumé* of Erb's results. On that occasion, in the discussion which followed, Prof. T. F. Allen, with a degree of penetration which my latest research only confirms, suggested *Picric acid* for *Addison's Disease.* I, therefore, cannot appropriate my critic's "blue-baby" logic without robbing him. When he rises from the study of "crab-lice" to an investigation of blood-genesis (and some "evolution" freak may make him capable of this), he may comprehend why Allen should think of *Picric acid* in Addison's disease, why Hughes should look to it for help in chlorosis, why I should advise it in Progressive Pernicious Anæmia, and in Intermittent Hæmatinuria. Young doctors are like "pollywogs," their heads are biggest when they have the least body.

served elements were scarcely to be found; but in the place of them isolated, shining, wrinkled formations, not unlike blood-corpuscles (Fig. 2), which might be regarded as derivatives of the granule-bearing corpuscles. In addition to this a number of blood-corpuscles containing one or two very pale granules of faint lustre in active molecular motion. Fifth, sixth, seventh days, very many *fres granules in the blood*, very similar to those previously observed within *blood-corpuscle*. Again, the presence of one or two pale granules in many of the blood-corpuscles remained constant up to the death of the animal; finally, there seemed to be a striking increase in the number of the white blood-corpuscles, whose nuclei frequently had a very dark outline, and seemed to tend towards a state of division.

"Although this experiment had shown some new phases, still it broached new questions, and it was a very fortunate occurrence that a rabbit which had been given eight grains of *Picrate of potash* continued to live four days (very remarkably), so that I was enabled to continue the investigation of the rise, progress and decline of the blood-change with more accuracy.

"In this animal, eleven hours after administering the dose, the granule-formation in a small number of the red blood-corpuscles had shown itself with great distinctness, and in twenty-four hours had attained the perfection and completeness so often previously observed.

"As early as at the end of the first day, by bringing the blood under the microscope as quickly as possible, and without the addition of any re-agent, I was able to discern with certainty isolated, individual, faded, granule-bearing blood-corpuscles, which I had probably previously overlooked on account of the difficulty of distinguishing them in the coagulated mass of red blood-corpuscles. *A fading of the blood-corpuscles takes place, then, within the circulation*, (*i. e.*, in the living body,)—a phenomenon which I had previously observed only after the addition of re-agents.

"Second day: The change remained about the same. This day I was also successful in finding, in the fresh blood, very many strikingly small, faded, red blood-corpuscles containing many granules, while many of the granule-containing corpuscles were not faded. At the same time the presence of a large number of shining granules was evident, and there appeared to be a slight increase of white blood-corpuscles.

"Third day: *The faded, granule-bearing blood*-corpuscles grew fewer in number. A large number of granules present, which were partially scattered over the 'field,' so that they undoubtedly derived their origin from crumbled granule-bearing elements. (Fig. 6.)

"Fourth day: The characteristic red blood-corpuscles filled with very shining granules had, so to say, entirely disappeared. There were numerous free granules, and *very particularly had the number of white blood-corpuscles increased.*

"On the evening of the fourth day the animal died, respiration and pulsation growing slower, the vital power gradually growing more feeble. The examination of the blood after death gave no new points. There can be no doubt that, as in previous cases so in this, was *death caused by the change in the blood.*"

* * * "That the activity of the respiratory substance* had suffered materially was shown by the microscope, as this very dark blood did not become light-red on exposure to the air, and only assumed a lighter though by no means normal color, after long exposure."

I have cited from *Die Pikrinsaure ihre Physiologischen und Therapeutischen Wirkungen.* Dr. W. Erb, Wurzburg, 1865. If Dr. Couch is acquainted with Erb's work, what can we think of him? If he is ignorant of Erb's work, what must we think of him? In either instance the reader will conclude with me that comment is needless. At all events, to charge Dr. Couch with only the temerity of ignorance is a broad charity, and I cheerfully leave him on the short horn of the dilemma.

All that I have hitherto written upon *Picric acid* is submitted to the candor of the profession, and while intelligent criticism will be thankfully received and profited by, ignorant impudence will be noticed only when it merges into deliberate falsehood. Such falsehood I have now exposed, and I must decline to give Dr. L. B. Couch any further notice. When I eliminate from his paper that which I have shown to be manufactured untruth, nothing remains which I can notice without insulting the intelligence of any qualified physician—and I care not for the opinion of any other.

I may be allowed one comment upon the reliability of the recent researches made by Dr. Couch. He says:

"It will be seen that the primary effect of 15-grain doses is to *increase* the animal temperature, while the *urea and phosphates are greatly diminished.*"

Perhaps the severest comment upon the education of the average "homœopathic" physician—I mean the article *sui generis*—is found in the fact that so few members of the N. Y. Co. Hom. Med. Society questioned this astounding assertion when Dr. Couch read his paper.

* Prof. Erb's "respiratory substance" is the hæmatine. Dr. Couch says *he* "proposes to prove that the oxygen-bearing function of the hæmatine is unimpaired."

Let me refer my readers to Wagner's *General Pathology*, p. 638, *et seq.* Let me also ask them to consider in what a contradiction Dr. Couch involves himself by this assertion. First, then, we will assume that Dr. Couch is correct; that he *did* observe an increase in body-heat and a decrease in urea-quantity. Secondly, to make this result possible we must assume *that the "activity of the respiratory substance" (the hæmatine, by means of which the oxidation of tissues takes place) is inhibited.* Thirdly, we are forbidden this explanatory assumption, because Dr. Couch claims to *"prove that the oxygen-bearing function of the hæmatine is unimpaired."*

This is by no means the only instance wherein Dr. Couch refutes himself, and by sending numerous copies of his paper to students in the University of Michigan he has helped to beguile the tedium of a nine months' course. Such copies as have fallen into the hands of professors in the chemical laboratory have supplied them with a characteristic specimen of a homœopath's "science." I will close this paper with a report of a case treated with *Picric acid*, and tending to show the practical value of the results stated in the little pamphlet which Dr. Couch has reprinted, only to question its *data*, and show his incapacity to comprehend them.

As an *a posteriori* application of *a priori* deductions it is as desirable a bit of evidence as I could offer, and it is especially gratifying to me, as one of the first fruits of a laboratory which I founded in honor of the dear, dead Carroll Dunham.

"MARQUETTE, MICHIGAN,
Monday, July 23d, 1877.

"Prof. S. A. JONES, M.D., Ann Arbor,

"*My Dear Professor:*—Your reprint 'On the Indications for the Use of Picric Acid' came duly to hand, reminding me of my promise to write and let you know concerning my progress. Please accept thanks for pamphlets.

* * * * * * * *

"I have, as far as my knowledge of 'Picric Acid' goes, got a splendid 'Picric Acid' patient. He is a prominent man here. Has been treated by all the physicians, old and new, and now has come to me and wants me to try and do something for him. The first time I saw him I knew he was anæmic, but did not think of P. A. till I saw your remark on urohæmatin in Progressive Pernicious Anæmia in your pamphlet. I have examined his urine several times, and shall now make quantitative examinations for several days. The urine is dark and gives the prettiest specimen of urohæmatin you ever saw—a *very* dark cherry red, you might call it darkish brown. He is run 'way down.' The amount of urea is low. Have not made *full* quantitative examinations, but will do so to-day, and send results. I am anxious to cure him if I can, for all the physicians think him 'gone.'

"From what I know of the symptoms of 'Picric Acid,' his are almost perfect. The headache is P. A., and the prostration almost perfect. Vomits a good deal; his hands and face are white and pale as death. This was one of the things which made me think of urohæmatin.

* * * * * * * * * *

"Very truly, your pupil,
"(Signed,) FRANK N. WHITE."

The following report of this case was subsequently sent to my assistant, Geo. A. Taber, M.D.

"John T. Magregor: age, 62; weight, 140 lbs.; July 26th. Patient quite prostrate. Ears transparent; face, neck, lips and hands are of a death-like whiteness. Were he dead could not have appeared more pale. The whole action of the patient is of a 'logy' character.

"He vomits from three to five times a day; the matter vomited being of a bright yellow color, and very bitter. Never vomits food lately eaten. Has not the faintest idea of what aggravates or brings on the attack. They come on suddenly without any warning.

"Is easily prostrated; the slightest exertion obliging him to quit. Often the prostration caused by some little out-door work in the morning compels him to keep his bed the remainder of the day. Sometimes feels like dropping down where he is as though he were unable to reach the house. Mouth badly ulcerated; tongue smooth, cracked, having the appearance of an alligator's hide. Mouth very dry; the dry feeling commencing in the throat and working upward, causing him to drink often, but little at a time; cannot double the tongue: a feeling as though tongue would crack were it not moistened; sensation as of a lump back of the thyroid cartilage, very troublesome when swallowing. Appetite poor; no desire for any particular kind of food, eats what is set before him; what he eats tastes good and seems to digest well.

Retires about 10 P. M. *almost always prostrate*, but in a short time it passes away, and he quickly goes to sleep. He awakens a number of times in the night to moisten his tongue, but readily goes to sleep again. When he awakens in the morning feels quite strong, but this soon passes

away, and he dreads passing the day. Has been constipated since last January—eight months; has an evacuation once in four or five days; stool hard as a rock, sometimes bloody; great straining, with pain during and after; easing up after a little. In complaining of his head, says his head feels bad *all through*, but the pain is on the right side, extending from forehead back, and in the top of the orbit of the eye. Feels better in a cool room, or lying down; is inclined to be drowsy, sometimes feels as though he could sleep all day; when walking up-stairs or up a hill has a sensation as if the stairs or ground were coming up to meet him; vertigo on rising from bed, chair, or a stooping position, and immediately after work. Last April and May was unable to retain his urine; it was very hot, almost scalding, but soon passed off, leaving him very weak. Has no erections; in fact says he has nothing with which to make one. As he began to fail and go down, the scrotum began to lengthen and hang down (he says) almost to his knees, and his penis to go up into his body until it was less than an inch long. As he began to get stronger his bag came up and his penis went down. (I don't know as this is of any value, but give it as he gave it me.)

"TREATMENT: *Picric acid*, 6^{x} trit., every two hours. On examination of the urine find a very distinct 'color' for urohæmatin. The bottom of the chamber covered with a deposit of free *uric acid*

"Quantitative examinations give the following results:

Date.	Quantity in Cc.	Sp. Gr.	React.	Urea in Grains.	Uric Acid	Phosphates.	Sulphates.	Chlorides.
July 26	1150	1.021	Acid.	17.7422	1.0811	3.1395	1.0120	11.73
" 27	900	1.020	"	13.8852	.9360	2.4030	.9360	8.28
" 29	750	1.024	"	9.9750	.7350	2.4075	.8400	10.65
		Mean.....		13.8672	.9174	2.6500	.9293	10.22

"July 27th. No vomiting since he took first dose; no evacuation for two days. Continue *Pic. ac.*, 6^{x} trit., every three hours.

"July 29th. No vomiting. Had a passage yesterday, and one to-day; no headache; feels stronger. Continue *Pic. ac.*, 6^{x} trit., every four hours.

"Aug. 3d. A decided change. The countenance has assumed a more healthy appearance. He awoke at 4 A. M., and worked in the garden till breakfast; walked down street, (down a hill); went in the woods after berries; and at 5 P. M., I found him walking up and down the walk in front of his house, and when I asked the cause of all this, he replied that he was taking some exercise. Eats three times as much as he did a week ago; says he feels as though he could hardly eat enough. Continue *Pic. ac.*, 6^{x} trit., once a day.

"Made quantitative analyses for August 18th and 19th, with the following results:

Date.	Quantity in Cc.	Sp. Gr.	React.	Urea in Grains.	Uric Acid.	Phosphates.	Sulphates.	Chlorides.
Aug. 18.	1820	1.016	Acid.	15.4908	.3567	2.2750	1.2012	15.258
Aug. 19.	1320	1.022	Acid.	22.36 9	.1900	1.9008	1.0032	12.8040
		Mean.		19.42 3	.2733	2.0879	1.1022	14.046

"Sept. 1st. Bowels very regular, says he has hardly lost a day; splendid appetite, sleeps well, no prostration: can walk up and down hill without its affecting him; can feel the strength he daily gains; his countenance is becoming quite brown and healthy. Says he is now in good health, and that nothing ails him; works all day long; has not vomited since he took the first dose; he is growing stronger daily. Discontinued the medicine.

"He has been troubled to a certain extent in this way for three years. The prostration came on, lasting only a few days or a week or two. No vomiting or any other disturbance, save the prostration. During these times he has been constipated.

"This year it came on unusually early, about the 5th of February, and he commenced going down, and had been gradually going down hill until I saw him. When I took him he said he never expected to get any better. All his acquaintances thought he could hardly live through the summer. Now he is as well and even better than many who predicted his death."

I now beg leave to contrast the first and the second mean, to show how the "theory advanced" on the *a priori* of Dr. Taber's thesis agrees with the *a posteriori* of the clinic.

	Urea in Grains.	Uric Acid.	Phosphates.	Sulphates.	Chlorides.
1st Mean.....	13.8672	.9174	2.6500	.9293	10.220
2d "	19.4323	.2733	2.0879	1.1022	14.046
Differences....	+5.5651	—.6441	—.5621	+.1729	+3.826

The "theory advanced" from the analyses in the laboratory is, that in the healthy prover *Picric acid* causes a *plus* of *uric acid* and *phosphates*, and a *minus* of *sulphates* and *chlorides*. These are the nutrition-disturbing effects of *Picric acid*, and they show the relative conditions that *must exist when Picric acid is indicated as an hæmatosic remedy.*

The therapeutic effect of *Picric acid* must induce diametrically opposite *plus* and *minus* conditions, and this "opposite" is demonstrated in our student's bit of 'prentice work.

P.S.—As my readers may not have access to Erb's *Monograph*, I will state some salient points wherein he flatly contradicts Dr. Couch.

Couch says *Picric acid* increases the body-heat; Erb invariably found a decrease.

Couch says *Picric acid* does not attack the blood-corpuscles in or out of the body; Erb declares that it "induces the destruction of the attacked blood-corpuscles" both in and out of the body.

Couch says "that the oxygen-bearing function is unimpaired;" Erb demonstrates the contrary.

Couch says "that animals poisoned with this drug do *not* die from 'asthenia';" Erb shows that all his animals so died.

The readers of this journal have had ample evidence as to what Dr. Couch is; they can learn what Prof. Erb is by consulting the twelfth volume of Ziemssen's *Cyclopædia of the Practice of Medicine.*

Note.—On May 17th I discovered that the peculiar coloring of the urine which occurs when *Picric acid* is taken, is not due to *Chrysophanic acid*, as Prof. Tyson has certified, but that it is owing to the formation of *Isopurpurate of sodium*, $Na.\ C_6\ H_4\ N_5\ O_6$, and of *Potassium*, $KC_6\ H_4\ N_5\ O_6$. It is so unusual for a "regular" to be caught napping in "science" by *only* a "homœopath," that the event is worth recording. As my friend Dr. Couch called my attention to this matter (and also got Prof. Tyson to put himself on record), I trust he will share the pleasure which this little episode gives me.

During the month ending April 30, 1878, there were treated at the Brooklyn Homœopathic Hospital Dispensary 1,325 new patients, to 2,853 prescriptions.—J. A. Lewis, M.D.

Correspondence.

Nyack-on-Hudson, April, 1878.

Messrs. Editors: Several typographical errors having occurred, through carelessness, in my paper on "Picric Acid," I ask that your readers will do me the favor to make the following corrections:

Page 4, second foot-note, line 4, read "analyses" for "analysis." Page 4, second column, paragraph 3, line 12, read *Chrysophanic acid* (?) instead of (? L.B.C.) at the end of the paragraphs. Page 9, Dog. No. 3, 3d Medication, under "Sulphates," read 11.52 for 17.0, and in same cycle and place, in the "General Results," read —0.48 for + 5.

Knowing full well the hypercritical animus of my learned opponent, I make these corrections to avoid useless babbling.

Fraternally yours. Louis B. Couch.

This note came too late for our last.—[Eds.

Nyack-on-Hudson, N.Y., May 29, 1878.

Messrs. Editors: Please accept thanks for kindness in favoring me with the communication of Dr. S. A. Jones, relating to my article in your April number on the "Physiological Action of Picric Acid." The time allotted being so short, I shall be obliged to defer answering it until July, when you may expect an exposé of the animus and "true inwardness" of this Jersey professor of "imaginative pathology," etc., etc., etc., etc., lately from Michigan.

Yours very kindly, L. B. Couch.

Ozone.—Dr. J. F. Baldwin, of Columbus, O., in a prize essay, discusses, in an exhaustive manner, *Ozone* in its relation to disease. He thinks *Ozone* influences the general health, only in so far as it purifies the air by destroying—not the living germs of disease—but the products of decomposition. Beyond this, all views concerning the action of ozone as a cause, a remedy, or a preventive of disease, rest upon vague and unfounded hypothesis.

Reports of Societies.

A RETROSPECT OF MATERIA MEDICA FOR THE YEAR ENDING 1877.*

BY MARY E. BOND, M. D.

(Lecturer on Mat. Med. at the N. Y. Med. College and Hospital for Women.)

Part I.

In reviewing Materia Medica and Therapeutics for the past year, I have not confined myself to homœopathic literature for matters of interest. Our own journals have contained nothing new in the way of provings, and, excepting the suggestion of *Arnica*[1] for fatty deposits about the heart, by a German physician, no account of a new remedy of such importance as to attract our notice. In considering this statement, due allowance must, of course, be made for the necessarily limited range of observation of the single individual who is alone responsible for this report. Since the last edition of *Hale's New Remedies*, we have met with little worthy of a place between its covers, and it could be of no possible advantage for me to quote from a book so familiar to you all as this. Therefore, I have been obliged to select material for this report from journals of other schools, and I have gleaned and garnered with the hope that out of the abundant harvest something may be found worthy of a test in the homœopathic mill of provings, or if unsuitable for such a process, acceptable in its unmodified form. This dearth of new remedies among us is, after all, hardly to be regretted. The student who is dismayed at the six huge encyclopædic volumes which already confront him, whose heart throbs as the inhibitory action of the pneumogastric is paralyzed by the sight of a still unfinished alphabet, and who can never look forward to the mental acquisition of these immense storehouses of facts, or expect a pocket edition for ready reference,—this student can not deplore that the pathogenesis of additional drugs is not receiving lively attention. Nor should we, who have acquired a knowledge of the physiological effects and pathological applications of nearly a thousand drugs, (on the principle, of course, that it takes everybody to know everything), be searching about for other specifics, when there is not a clinical group of symptoms which can not be met by the appropriate remedy. Those physicians who, like prodigal sons, unmindful of the wide experience and sage advice of their fathers, have refused to follow in the beaten paths of their much honored predecessors, and who turn their backs upon such ancestral relics as the blister, the leech, and the lancet, are naturally looking about for remedies more in accordance with the present order of things, and their recent developments in pathology and the results of their tentative efforts I am about to review. If we glance at the Eclectic school we find that they also, in sympathy with the general spirit of the times, are not satisfied. To their long list of highly concentrated remedies of botanical origin and manifold properties, many of which combine in the space of a few grains, "emetic, sedative, febrifuge, tonic, alterative, stimulant, resolvent, diuretic, emmenagogue, detergent, antispasmodic, expectorant, laxative, irritant, and escharotic" properties, they are fast adding others of equally heterogeneous effects. The most prominent laborer among the weeds is Dr. S. J. M. Goss, of Marietta, Ga., who, during the past year, has published a book of one hundred and six pages, entitled, "New Remedies, and Their Special Therapeutics," in which he not only describes the medicinal uses and properties of many of the well-known indigenous plants which have already found favor in all the schools, and twenty or thirty others scarcely familiar to any, but he also introduces no less than a dozen new ones, with the assurance that a fair trial will vindicate their right to a place in the already overburdened pharmacopœia. As they have confessedly had "but limited trials as yet," he has simply "endeavored to so point out the leading effects of the remedy in each case, as to safely guide the physician in the further investigation into the therapeutical value of it." When the indefatigable Dr. Goss has exhausted the botanical resources of Georgia, it is to be hoped that he will invade the rich floral regions of the Amazon, for unless he soon strikes a more prolific area he will not keep pace with the ever-watchful astronomers who are continually spying out new asteroids in the wide expanse of the starry fields.

We have ever been, and for some time to come doubtless will be, indebted to the heroic practice of the old school for much of our

*Read before the Homœopathic Medical Society of the County of New York.

knowledge of the physiological effects of various drugs, and as new remedies are introduced by the allopaths, we must depend largely upon their experiments for determining the symptomatology of these remedies.

Their administrations of massive doses of *Salicylic acid* for instance, have shown that its effects are very analogous to those of *Quinine* in many particulars, more especially as regards the head symptoms, and it is certainly better for us to take advantage of their testimony in these matters than to make martyrs of ourselves or our patients. Another class to whom we should not be sparing of our thanks is made up of those individuals who from curiosity or suicidal intent, make provings that we dare not attempt. Take, for instance, the following case, related by the party himself in a recent number of the *Druggists Circular*, I think August, 1877. A gentleman, who was fond of experimenting upon the effects of the different narcotics, availed himself of the first opportunity to test the powers of chloral in large doses. It seems that thirty grains had a pleasing effect. Thirty more in a short space of time took away his memory, and either from this cause or because his curiosity was not yet satisfied, he continued for two or three days to imbibe a similar quantity every little while. At last he could not hold anything in his hands, and being unable to reach for more, he fell into a deep sleep which lasted two nights and a day. When he awoke he forgot to renew the dose, and the extreme pain which he suffered for a month in the knees and legs was so severe a reminder of his folly as to cut short the proving, and thus deprive us of many other interesting points which might have been developed had he persisted. This commendable example of self-sacrifice in the cause of science should be brought to the attention of the North Western Proving Society. Nor is there any reason why we should hesitate to become the recipients of the knowledge derived from the experiments and experience of those outside our own ranks, for in return we offer broad principles of practice which, if received, will far more than repay the value of the comparatively few remedies and detached fragments of clinical experience for which we are debtors. Our rational and scientific principles are destined ere long to modify the methods of the entire medical profession, and to do more for the relief of overdosed and long-suffering humanity than any single remedy or theory of practice which has yet engaged the minds of medical men. Already we see the evidences cropping out in places where we might least expect them, and though the credit may not be duly accredited, the people are sure to reap the benefit, and will not be slow to appreciate them and discover their true sources.

Dr. Sidney Ringer, who is justly recognized as one who speaks with authority, in the last edition of his *Handbook of Therapeutics*, frequently recommends small doses of remedies for affections exactly opposite to those for which they are usually employed in larger doses. Thus, he suggests drop doses of the *Wine of ipecac* for the vomitings of children, where they are due to stomach or intestinal disorders; small doses of *Fowler's solution* for the vomiting of drunkards, which follows a debauch; *Alum* for the vomiting which occurs with phthisis and chronic bronchitis, *Tartar emetic* (one grain to the pint tea-spoonful doses every hour,) for the wheezing, with asthmatic cough, which accompanies children's bronchitis, more especially at night; *Aconite* for reducing temperature and checking inflammatory processes, etc. Dr. G. H. Fox has witnessed decidedly beneficial effects from small doses of *Pulsatilla* in painful menstruation, a discovery which, if as original as valuable, would be creditable to him. Dr. Peters, of Paris, gives so mild a preparation as *Calomel*, in only one-sixtieth grain doses, for the cephalalgia of syphilitic cases, which even refuse to yield to the huge doses of the *bromides* or *morphia*.

Dr. S. H. Dessau, of this city, becoming cognizant of these heretical tendencies abroad, and encouraged by the fact that their publication had not been rewarded with censure, hazarded a lecture before the New York Journal Association on "The Value of Frequently-Repeated Small Doses of Medicine," in which he boldly announced that he had in a large dispensary practice among children, confirmed the statements of these foreign authorities. To ward off the charge of apostacy, he at the same time declared his belief in the utility of large doses when occasion demanded them, and he took pains to disavow heretical tendencies. Nevertheless, he admits that he was tempted to try the *Similia similibus curantur* principle, and for this purpose tried drop doses of *Copaiba* three times daily, in

several cases of urticaria, and with uniformly gratifying results. He remarks that, "not being able to find any journal containing any account on the subject, I modestly lay claim to the originality of the treatment." We would not begrudge him the joy of having brought forth what was to him an original thought if he would frankly give credit to the homœopathic principle which suggested it, and acknowledge that his test had proved it.

These self-created discoveries of Ringer, Fox, Peters and Dessau, are sufficient evidences of the firm hold which homœopathic principles have upon their minds, whether they recognize them as such or not; and by and by, when the contagion has spread and forced its way stealthily, even through the thickest and most unpliable skulls of the old fogies, there will be a general awakening of surprise and discomfiture, not less startling than that which seized the Trojans, when they became aware of the true nature of the wooden horse which they had so innocently taken into their midst.

Bidding adieu to the realm of fancy, I will ask your attention for a few moments to the dry details of *Materia Medica*. If in reviewing the progress of *Materia Medica* during the past year, I were to confine myself to the recital of new remedies alone, my story would indeed be short, and my subject necessarily limited. For the sake of preserving some order, I shall first consider the few remedies which were introduced for the first time or brought most prominently to notice in the year 1877; secondly, those remedies which are comparatively new, and concerning which new developments have been long in use, but for which new uses have been proposed.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

PROCEEDINGS OF THE TWENTY-SEVENTH ANNUAL MEETING, HELD IN ALBANY, FEBRUARY 12TH & 13TH, 1878.

(*Concluded from page* 52.)

BUREAU of Climatology: Dr. A. R. Wright, Chairman, said he had found it very difficult to get members of the bureau to contribute to it. They seemed to feel that the subject was a little outside of their regular line of duty, consequently he had no new material at this time, but thought it desirable for our society to keep up this kind of work, for the study of avoidable and unavoidable causes of disease were of the utmost importance. He was of the opinion that the avoidable causes of disease were what the community most demanded—perhaps the unavoidable were the more interesting. He had become much interested during the past year in the study of the germs of malarial disease, but at present it remains in a very unsatisfactory condition.

Dr. Paine said that the Albany Co. Society endeavored last year to obtain a record of prevailing diseases, and place it in conjunction with the meteorological report before the profession.

The record of prevailing diseases was gathered from physicians residing in some twenty different counties of the State, and the work was participated in by some fifty different physicians. The result we have before us in this large volume of manuscript which you now see, and cost the Albany County Society some $70 for the effort.

Dr. Wright suggested that during the summer vacation, physicians take along their microscopes with them and as opportunities offer, examine decaying vegetable matter as they find it.

Dr. Wildes said that there had been very excellent work accomplished as far as the facts were concerned, by Dr. Hasbrouck, of the Committee on County Societies; and as some $20 have been expended in furtherance of the aims of the committee, and as it seemed necessary to continue the work still further, he offered the following resolution, which was adopted.

WHEREAS: It appears from the report of the Committee on County Societies, that certain societies in this State are not organized according to law; and,

WHEREAS, In certain other counties no county society exists, although the requisite number of five physicians are residing and practicing in said counties; therefore,

Resolved, That the corresponding secretary be directed to notify those county societies where re-organization is necessary, that the law governing such cases must be complied with, and enclose to each a copy of the law.

Resolved, That the corresponding secretary be also directed to notify all homœopathic physicians, in counties having five or more eligible practitioners, and in which no county society now exists, that the law demands the organization of a society therein, and that this society expects an immediate compliance therewith; and further, that those societies when organized, shall send to this society delegates to the full number of the members of assembly from that county: enclosing to each a copy of the law.

Report of the Bureau of Obstetrics. Dr. Henry Minton, chairman.

Dr. Chas. Sumner read a paper on "Nausea and Vomiting in Pregnancy, Cured by *Natrum mur.*[200]."

Upon motion the bureau was closed, and Dr. A. P. Hollett was elected chairman for the ensuing year.

Report of the Bureau of Gynæcology. Dr. A. P. Throop, chairman, reported the following papers.

"Remarks on Retroversion of the Uterus and its Mechanical and Medical Treatment." By Dr. B. F. Joslin.

"Clinical Cases in Gynæcology." By Dr. Anna C. Howland.

"A Case of supposed Incipient Cancer of the Uterus Cured by Galvanism." By Dr. S. J. White.

"Three Cases of Uterine Displacement." By Dr. J. J. Mitchell.

"A Case of Fibroid Tumor of the Uterus." By Dr. Geo. E. Tytler.

"Dysmenorrhœa." By Dr. Henry G. Preston.

"Two Cases of Procidentia-Uteri Cured." By Dr. A. P. Throop.

Upon motion the bureau was closed, and Dr. A. P. Throop was elected chairman for the ensuing year.

The secretary announced three nominations to permanent membership, for the 7th Judicial District, and upon motion Drs. Joslin, Sumner and Ormes, were appointed a committee to select two candidates, and they reported Drs. Voak and Biegler as the nominees, which was accepted, and they were duly nominated.

The Bureau of Pædology made no report, and Dr. H. A. Wright was elected chairman for the ensuing year.

The secretary announced by title the following paper from the Bureau of Histology: "The Anatomy of the Pancreas, together with the Physiological action of its cells, during and after Digestion;" and report of a case of "Cystic Degeneration." By Dr. Bukk G. Carleton, who was elected chairman of the bureau for the ensuing year.

Upon motion a vote of thanks were extended to the Albany County Society for their pleasant entertainment of last evening; and to the Common Council of the City of Albany, for the use of their rooms for this meeting; and to the officers of the society for their efforts in making the present session an interesting occasion.

Adjourned.

ALFRED K. HILLS, M.D., *Rec.-Sec'y.*

EXCURSION TO PUT-IN-BAY.—No more delightful trip can be taken than over the ERIE Railway by its *Fast* train, leaving New York at 6 P.M., arriving in Buffalo at 8.15 next morning. Excursionists can have the choice of a great variety of routes of interest, including Watkin's Glen, Niagara Falls, etc., with special rates of fare, by applying at the ticket offices of the Erie Railway, Nos. 401 and 957 Broadway; and West street, corner Reade.

Medical Items and News.

AT a meeting of the Baltimore Homœopathic Medical Society, held May 16, the Code of Medical Ethics of the Am. Inst. of Hom. was adopted, with the exception of Sec. 3, Part II: "On the duties and obligations of physicians to the profession and to each other." Sec. 3 was erased, and the following adopted as a substitute: "This Society recognizes the right of every physician to inform the public by card or advertisement that he is engaged in general practice, or practice limited to a particular class of diseases; but it condemns any advertisement which claims that the physician is in possession of some remedy, or acquainted with some mode of treatment known only to himself, or that he possesses special qualifications for the treatment of certain diseases; and declares that any physician so advertising shall, on proof thereof, be expelled from this Society."—ELDRIDGE C. PRICE, M.D., *Secretary.*

DRS. A. E. and H. N. Small, of Chicago, have joined in copartnership, and located at 134 Madison st.; Dr. C. H. Von Tagen has removed to 134 Madison st., Chicago, where he will continue the practice of his specialty—operative surgery; Dr. Alfred Wanstall, late Resident Surgeon, N. Y. Oph. Hosp., has located at Baltimore, where he will devote himself to the practice of his *specialty*, and Dr. J. H. Buffum, late of Pittsburgh, succeeds him at the Hospital.

WE see by a Western journal that "the American Institute meeting will be held at Put-in-Bay, June 18, 19, 20, and 21, 1878." We are sorry to learn that Secretary McClatchey has been suffering from an affection of his eyes, but glad to know that he has a good reason, in consequence of this infirmity, for ignoring correspondents on Institute affairs.

REMOVALS.—Dr. E. Cook Webb, late of Orange, N. J., to 141 W. 45th st.; Dr. Henry C. Houghton to 44 W. 35th st.; Dr. H. I. Ostrom to 229 W. 23d st.; Dr. D. K. Mandeville to 17 Putnam ave., Brooklyn; Dr. George Allen, late of the House Staff, W. I. Hosp., has formed a connection with Dr. A. E. Munger, at Waterville, N. Y.

THE N. Y. OPHTHALMIC HOSPITAL, cor. 3d ave. and 23d st.—Report for the month ending April 30th, 1878: No. of prescriptions, 3,881; new patients, 475; patients resident in the hospital, 42; average daily attendance, 149; largest, 288. —J. H. BUFFUM, M.D., *Resident Surgeon.*

MARRIED.—Prof. J. A. Carmichael, M.D., to Mrs. Hannah Muckleston, M.D., and located at 41 W. 36th st. Please accept congratulations.

TOWNSEND COX, Esq., has been elected President of the Board of Commissioners of Public Charities and Correction.

A DISPENSARY for women and children, "lady physicians only," is now open at 254 W. 18th st.

The Reputation

Which the celebrated SELTZER SPRING of Germany has maintained during many years, for the therapeutic value of its waters, is a fact well understood by the Medical Profession. The testimony of large numbers receiving benefit from their use is conclusive proof as to their efficiency.

an artificial combination of the essential elements of these waters, as ascertained by strict chemical analysis, discarding those substances which are inert, and retaining those only which have a positive therapeutic value.

These waters belong to that class known as ACIDULO-ALKALINE, which owe their medicinal virtues to the Carbonic Acid and to the salines in combination. Hence, they act chiefly on the digestive, renal and nervous systems.

As a Saline Cathartic,

we especially recommend our preparation to the careful consideration of physicians. In all disordered conditions of the digestive organs, especially when connected with hepatic derangement; in those congestive states of the alimentary canal and appendages peculiar to warm seasons and tropical climates; in the various forms of Dyspepsia, including Constipation, Acidity, Heartburn, etc., in Uterine disease, connected with an inactivity of the large intestines: as also in the nausea of pregnancy; in febrile conditions; in short in all those types of disease where Saline Purgatives are indicated, we have no hesitation in recommending it as a mild yet efficacious cathartic.

As a Diuretic,

its action is none the less marked, for in diminished doses, its influence is transferred to the renal system. Hence in Rheumatism, Gout Dropsy, and diseases of the Urinary system, the SELTZER APERIENT can be relied upon to correct the acidity of the urine, and promote a copious renal secretion.

As a Palatable Carthartic,

our preparation is surpassed by no other. It completely removes that horror and disgust so often expressed in taking saline carthartics.

Instead of nauseating a delicate stomach, it is cooling, refreshing, invigorating, making it especially desirable in that class of diseases where salines are administered in frequent and long-continued doses. It is

Convenient for Administration.

Being in a pulverized form, it only requires the addition of water to create at once a sparkling and refreshing beverage.

It has stood the Test of Time

successfully, and has received the flattering commendation of many eminent physicians who have proved its adaptability to the diseases for which it is recommended above.

MANUFACTURED ONLY BY

TARRANT & CO.,

No. 278 Greenwich Street, New York.

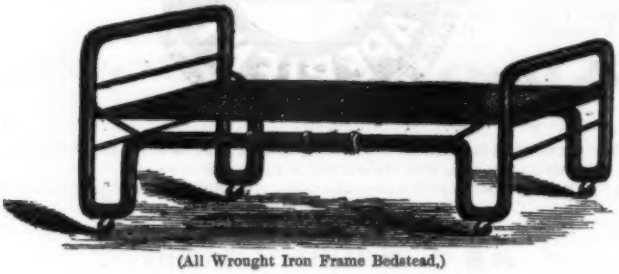
☞ **FOR SALE BY ALL DRUGGISTS.**

x

For **HEALTH,**
COMFORT, and
CONVENIENCE,

USE THE

Woven Wire Mattress.



(All Wrought Iron Frame Bedstead,)

MANUFACTURED EXPRESSLY FOR

Hospital, Asylum and Private Use.

(Child's Iron Bedstead, with Swinging Side.)

Ask for the HARTFORD WOVEN WIRE MATTRESS,

It is the only Genuine article.

MADE BY THE WOVEN WIRE MATTRESS CO., HARTFORD, CONN.

AND

WHITTLESEY & PETERS, Licensed M'f'rs for the Western States, Chicago, Ill.

CATALOGUES SENT FREE to any Address on application.

Great Reduction in Prices at the Elegant New

TURKISH AND RUSSIAN BATHS.

No. 7 West 24th Street, near Fifth Ave. Hotel.

SINGLE BATHS, $1. SIX TICKETS for $5. THIRTEEN for $10.

THE SUPERB TURKISH BATHS

Enlarged and Refitted. No equal in the City. Also, in Separate Departments, Plain Croton Baths, Sulphur Vapor Baths, Mercurial Baths, Electrical Baths, Bran Baths.

LADY BATHERS RECEIVED FROM 10 A. M. UNTIL NOON.

The Russian Baths Open Daily. For Gentlemen—From 7 to 9 A. M., and from 1 to 10 P. M. For Ladies—From 10 A. M. to 1 P. M. SUNDAY Hours—7 A. M. until noon, for Gentlemen only.

THE TURKISH BATHS OPEN DAY AND NIGHT AT ALL HOURS.

TO SURGEONS AND GYNECOLOGISTS.

Absorbent Cotton.

WE offer to PHYSICIANS and SURGEONS a PREPARED COTTON, which will prove a valuable adjunct in practice— a CHEAP, CLEAN and READY mode of making all kinds of local application, and a SUBSTITUTE FOR SPONGE; a rapid and effective desiccant, having such an affinity for moisture that it instantly and greedily absorbs any secretion with which it may be brought into contact. SURGEONS and GYNECOLOGISTS will at once appreciate the advantage possessed by this article over ordinary raw cotton, which is a repellent of moisture rather than an absorbent

It is ABSOLUTELY PURE, free from any reaction and from any foreign matter.

As a PADDING FOR SPLINTS, etc., it facilitates the normal secretions of the skin, while retaining all of the elasticity of the ordinary cotton.

Mailed upon receipt of Price, 25c. per package, or $1.00 for Five packages.

Manufactured by HANCE BROTHERS & WHITE, Manuf'g Chemists & Pharmaceutists,

Callowhill St., cor. Marshall, Philadelphia.

HORLICK'S FOODS

FOR

INFANTS.

THIS, THE BEST of all Foods for Infants, when there is a deficiency of breast milk, is not farinaceous, is soluble in milk or water, requires no cooking, is the most nutritious as well as the most easily assimilated article of diet known, and as shown by analysis, is the best substitute for Mother's Milk. Physicians of all schools unanimously pronounce it to be the best artificial food for infants and children, whether in health or sickness.

Price, Small Bottle, 50c.; Large Bottle, $1.00.

Sample and Circular free on application, to

J. & W. HORLICK & CO., Sole Manufacturers,
RACINE, WIS.

FOR

ADULTS.

THIS INVALUABLE PREPARATION contains all advantages and properties of a **Malt Extract** and **Wheat Food** combined, already digested, and being in the form of a dry granule, it does not ferment or undergo any change. It requires no cooking, is perfectly soluble in milk or water, or it may be eaten in its dry form; it will support life single handed, being much more nutritious than *Cod Liver Oil*, and so palatable that it may be substituted for Tea, Coffee, Cocoa, &c.

Price, Small Bottle, 40c.; Large Bottle, 75c.

Sample and Circular free on application, to

J. & W. HORLICK & CO.,
RACINE, WIS.

PETROLEUM JELLY

VASELINE.

The attention of physicians, druggists and hospitals, is called to this article, and to the fact that is favorably regarded and extensively used both in the United State and England, by the profession, and by pharmacists for OINTMENTS, CERATES, &c.

As a dressing for WOUNDS, CUTS, BRUISES, BURNS, SPRAINS, PILES, RHEUMATISM, SKIN DISEASES, CATARRH, SORES or ERUPTIVE DISEASES, and all contused and inflamed surfaces, it is not equalled by any known substance.

In the treatment of ***COUGHS, COLDS, CROUP, DIPTHERIA,*** and of ***THROAT*** and ***CHEST*** complaints the best results are obtained. 25c., 50c. and pound cans $1.00.

VASELINE was awarded a Grand Medal and Diploma at the Centennial Exposition, Philadelphia, 1876. Report of Judges. "Novelty, great value in pharmacy, unequalled purity, and superiority of Manufacture." Professor Wm. Odling, F. R. S., Great Britain; Professor C. F. Chandler, New York; Professor Rudolph Van Wagner, Germany; Prof. F. A. Genth, Pennsylvania; Prof. I. F. Kuhlman, France, J. W. Mallet, Virginia. Pomade Vaseline, Cold Cream, Vaseline Camphor Ice, and Vaseline Toilet Soap, are all exquisite toilet articles made from pure Vaseline, and excel all similar ones. 25c., 50c. and $1.00.

L. REICH,

Direct Importer of the

Choicest and Purest

HUNGARIAN WINES

Ever brought to this Country.

Respectfully informs the members of the Medical Profession, that he has OPENED an Office for their convenience at

No. 13 WEST 11th STREET, NEW YORK,

Where he will be pleased to see all who may desire to avail themselves of the opportunity of procuring **STRICTLY FIRST-CLASS WINES**, which have received the endorsement of the most eminent medical men of the country, as is evidenced from the following letters of commendation which have been received.

This is to certify that I have examined Mr. Reich's TOKAYER AUSBRUCH, TOKAYER MASLAS, and BUDAI IMP. I take great pleasure in commending these wines, to the Medical Profession, because of their *purity*.
R. OGDEN DOREMUS, M. D., LL. D.,
Professor of Chemistry and Toxicology in Bellevue Hospital Med. Col., and Professor of Chemistry and Physics in Col. City of N.Y.

Let me recommend the bearer, Mr. Reich, as having the best Hungarian Wine I have thus far used in my practice.

CHAS. E. BLUMENTHAL, M.D., LL. D.

I concur with Dr. Blumenthal fully as to the Wines sold by Mr. Reich.

JOHN F. GRAY, M. D., LL. D.

The undersigned has made use of the Wines imported by L. Reich, especially his Budai and Tokay Wines and found them pure, of excellent quality, and useful in many cases of convalescences from illness.

E. E. MARCY, M. D.

We desire to express to you the very excellent results we have had from the use of the Tokay Wines imported and sold by you. From a long experience in the use of this wine in cases of nervous exhaustion, we give it our most unqualified approval, and cordially recommend your importations as the best and in all cases the most reliable of any we have seen.

EGBERT GUERNSEY, M.D.
Late Prof. of Practice, &c., N. Y. Hom. Med. College.
S. LILIENTHAL, M.D.
Prof. Clinical Medicine, N. Y. Hom. Med. College.
S. P. BURDICK, M.D.,
Prof. of Obstetrics, N. Y. Hom. Med. College.
T. F. ALLEN, M.D.,
Prof. of Mat. Med., N. Y. Hom. Med. College.
HENRY D. PAINE, M.D.,
Prof. of Institutes, N. Y. Hom. Med. College.
L. HALLOCK, M.D.,
JOHN C. MINOR, M.D.,
Late Prof. Clinical Surgery, N. Y. Hom. Med. College.
WM. TOD HELMUTH, M.D.,
Prof. Surg., N. Y. Hom. Med. Coll.
ALFRED K. HILLS, M.D.,
Prof. of Mat. Med., N. Y. Med. Coll. & Hosp. for Women.
F. S. BRADFORD, M.D.,
Prof. of Practice of Medicine N. Y. Hom. Med. College.
A. E. SUMNER, M.D.,
Prest. of the Med. and Surg. Staff, Brooklyn Hom. Hosp.
E. D. JONES, M.D., Albany, N. Y.
JAMES W. COX, M.D., Albany, N. Y.
HENRY B. MILLARD, M.D.,
Late Prof. Practice of Medicine, N.Y. Med. Col. & Hos. for Women.
E. A. P. FOWLER, M. D.
CONSTANTINE HERING, M.D., Philadelphia.
AD. LIPPE, M.D., Philadelphia.

We have used in our practice the Hungarian Wines sold by Mr Lorenz Reich. Mr. Reich puts them on the market unadulterated just as they are imported; to this fact we attribute their great value as a medicine in the diseases where tonics are indicated, especially in those which are attended by defective digestion and imperfect assimilation. We cordially recommend Mr. Reich and his wines to our professional brethren.

J. MARION SIMS, M.D.,
Late Surgeon to the Woman's Hospital, New York.
ALFRED L. LOOMIS, M.D.,
Prof. of Pathology and Prac. of Med., Univ. of City of N. Y.
STEPHEN SMITH, M.D.,
Prof. of Orthopœdic Surgery, Univ. of the City of New York.
JAMES R. WOOD, M.D., LL. D.,
Emeritus Prof. of Surgery, Bellevue Hospital Medical College.
LEWIS A. SAYRE, M.D.,
Prof. of Orthopœdic Surg. and Clinical Surg., Bell. Hosp. Med. Col.
WM. H. THOMPSON, M.D.,
Prof. of Mat. Med. and Therapeutics, Univ. of City of New York.
LOUIS F. SASS, M.D.
J. L. LITTLE, M.D., N. Y.
Professor of Surgery, University of Vermont.
J. LEWIS SMITH, M.D.
Formerly Clinical Lect. on Dis. of Children, Bell. Hosp. Med. Coll.
MONTROSE A. PALLEN, M.D.,
Prof. of Gynæcology, University of the City of New York.
DANIEL M. STIMSON, M.D., N. Y.,
Formerly Prof. Surg. Path. & Operative Surg., Woman's Med. Coll. of City of New York.
JOHN M. BIGELOW, M.D.,
Prof. of Mat. Med. and Therapeutics, Albany Med. Coll.
E. R. HUN, M.D.,
Prof. of Diseases of the Nervous System, Albany Med. Coll.
S. B. WARD, M.D.,
Prof. of Surgical Pathology & Operative Surg., Albany Med. Coll.
A. VANDERVEER, M.D.,
Prof. of the Principles and Practice of Medicine, Albany Med. Coll.
JOHN SWINBURNE, M.D.,
Prof. of Fractures & Dislocations & Clin. Surg., Albany Med. Coll.
JAMES P. BOYD, M.D.,
S. O. VANDERPOEL, M.D.,
Prof. of Theory and Practice and Clin. Med., Albany Med. Coll.
THOMAS HUN, M.D.,
Dean of the Faculty and Emeritus Prof. of the Institutes of Medicine, Albany Medical College.
D. HAYES AGNEW, M. D., LL. D.,
Professor of Surgery and of Clinical Surgery.
RICHARD A. F. PENROSE, M.D., LL. D.,
Prof. of Obstetrics and Diseases of Women and Children.
JOSEPH PANCOAST, M.D.,
Prof. of General, Descriptive and Surgical Anatomy (*Emeritus*).
Jefferson Medical College, Philadelphia.

This is to certify that I have prescribed, in many instances the Hungarian Wines imported by L. Reich, particularly the "Tokayer Ausbruch." This latter wine I have found most useful in producing a gentle stimulating effect, without causing unfavorable excitement in the system. I prefer it, in certain cases requiring medical attention, to any other wine I have heretofore used for the sick or the convalescent.
J. M. CARNOCHAN, M. D.,
Formerly Prof. of Surgery in the N. Y. Medical College.

Tokayer Ausbruch, 1866, $30.00 per Case.
Tokayer Maslas, 1866, 24.00 "

Somlyai Imp. (White Wine) 1868, $14.00 per Case.
Budai Imp. (Red Wine) 1868, - 12 00 "